

**City of Casa Grande Pretreatment Program
Industrial Waste Questionnaire**

SECTION A - GENERAL INFORMATION

A.1 Industry Name _____

A.2 Mailing Address and Telephone Number:

Zip Code _____ Phone _____

A.3 Address of Facility OR Same as Above ():

Zip Code _____ Phone _____

A.4 Alternate Person to Contact Regarding Attached Industrial Discharge Information:

Name _____ Title _____
Phone No. _____

A.5 Signatory Requirement:

“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 fine and imprisonment for knowing violations”.

Executed on the _____ day of _____, 20____ at _____

_____ (Signature)

_____ (Typed Name)

_____ (Title)

A.6 Type of Business (auto repair, machine shop, electroplating, food processing, printing, painting, etc.):

A.7 Give a brief description of all operations, production, or service activity at this facility (attach additional sheets, if necessary):

A.8 Indicate Standard Industrial Classification (SIC) for all processes:

A.9 List the types and amounts of wastewater generated at this facility:

		Average Gallons/Day	Measured	Estimate
1.	<input type="checkbox"/> Domestic Wastes (restrooms, employee showers, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Cooling Water, Non-contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Boiler/Tower Blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Cooling Water, Contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/> Stormwater Runoff to Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Total A.9.1 - A.9.9		_____		

A.10 Wastewater is discharged to (check all that apply):

		Average Gallons/Day	Measured	Estimated
<input type="checkbox"/>	Sanitary Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Storm Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surface Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Groundwater	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Waste Haulers	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name and address of waste hauler(s), if used:

A.11 Is a spill prevention and control plan prepared for the facility? yes no

SECTION B - FACILITY OPERATION

B.1 Number of employee shifts worked per 24-hr day _____
Average number of employees per shift: 1st _____
2nd _____
3rd _____

B.2 Starting time of each shift: 1st _____ am/pm
2nd _____ am/pm
3rd _____ am/pm

Note: The following information must be completed for each product line (attach additional sheets if needed)

B.3 Product Produced: _____

B.4 Primary Raw Materials Used:

B.5 List Types and Quantity of Chemicals Used. Include copies of Manufacturer's Safety Data Sheet, if available, for all chemicals identified:

Chemical	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B.6 Type of Process:
 Batch Continuous Both _____% batch _____% continuous

If batch process, average number of batches per 24 hours: _____

B.7 Hours of Operation: _____ a.m. to _____ p.m. continuous

B.8 Is Production Seasonal? _____ yes _____ no
Is there a scheduled shutdown? _____ yes _____ no
If yes, indicate months of peak production and scheduled shutdown:

B.9 Is discharge to sewer: _____ intermittent _____ steady
B.10 List plant sewer outlets, size, flow (attach or reference to a map):

B.11 Are there any process changes or expansions planned within the next three years? If yes, attach a separate sheet describing the extent of the planned changes. [] yes [] no

SECTION C - RAW WATER SOURCES AND TREATMENT

C.1 Raw Water Source

Source	Quantity (gal/day)
_____	_____
_____	_____
_____	_____

C.2 Describe any raw water treatment in use (if none, N/A):

C.3 List water consumption in plant:

Cooling Water	_____ gallons/day
Boiler Feed	_____ gallons/day
Process Water	_____ gallons/day
Sanitary System	_____ gallons/day
Contained in Product	_____ gallons/day

SECTION D - WASTEWATER INFORMATION

D.1 Check any of the following 48 industrial categories or business activities that apply to your facility and generate wastewater or wastewater sludge:

A. 48 Industrial Categories

1. () Aluminum Forming
2. () Asbestos Manufacturing
3. () Battery Manufacturing
4. () Builder's Paper
5. () Carbon Black
6. () Cement Manufacturing
7. () Coil Coating
8. () Copper Forming
9. () Dairy Products Processing
10. () Electric and Electronic Components
11. () Electroplating
12. () Explosive Manufacturing
13. () Feed Lots
14. () Ferroalloy Manufacturing
15. () Fertilizer Manufacturing
16. () Fruits and Vegetables Processing/Manufacturing
17. () Glass Manufacturing
18. () Grain Mills Manufacturing
19. () Gum and Wood Chemicals Manufacturing
20. () Hospital
21. () Ink Formulating
22. () Inorganic Chemicals
23. () Iron and Steel Manufacturing

- 24. Leather Tanning and Finishing
- 25. Meat Processing
- 26. Metal Finishing
- 27. Metal Molding and Casting
- 28. Nonferrous Metals Forming
- 29. Nonferrous Metals Manufacturing
- 30. Ore Mining and Dressing
- 31. Organic Chemicals
- 32. Paint Formulating
- 33. Paving and Roofing
- 34. Pesticides
- 35. Petroleum Refining
- 36. Pharmaceuticals
- 37. Phosphate Manufacturing
- 38. Photographic
- 39. Plastic Molding and Forming
- 40. Porcelain Enameling
- 41. Pulp and Paper
- 42. Rubber Processing
- 43. Seafood Processing
- 44. Soaps and Detergents Manufacturing
- 45. Steam Electric
- 46. Sugar Processing
- 47. Textile Mills
- 48. Timber

B. Other Business Activity

- Carpet Cleaning
- Beverage Bottler

D.2 Pretreatment devices or processes used for treating wastewater or sludge (check all that apply):

- Air Flotation
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation, Type _____
- Grease Trap
- Grit Removal
- Ion Exchange
- Neutralization, pH Correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill Protection
- Sump
- Biological Treatment, Type _____
- Rainwater Diversion or Storage
- Other Chemical or Chemical Treatment, Type _____
- No Pretreatment Provided

D.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data. Include the date of the analyses, name of laboratory, and sampling locations.

SECTION E - OTHER WASTES

E.1 Are there any liquid wastes or sludges disposed of by means other than discharge to the sewer system?
 yes no

If “no”, skip the remainder of the section. If “yes”, complete items 2 and 3.

E.2 These wastes may be best described as:

	Estimated Gallons or Pounds per Year
<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oils and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Washes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (Specify)	_____
_____	_____
_____	_____

E.3 For the above-indicated wastes, does your facility practice:

- on-site storage
- off-site storage
- on-site disposal
- off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

For more information or any questions you may have, please contact the Industrial Pretreatment Coordinator:

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