





# Pretreatment Questionnaire

## *Industrial Waste*

Describe the business/entity in detail (attach additional pages if necessary):



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## Industrial Waste

Identify chemicals/materials/wastes that are stored, used, or produced at this business/ entity:

Chemicals/Materials/Wastes	Yes	No	Wastes discharged to sanitary sewer?	Where disposed if not to sanitary sewer?
Antifreeze/glycol chemicals & wastes				
Petroleum oil/grease				
Vegetable oil/grease				
Acids/corrosives				
Food waste				
Solvents (including cleaning solvents)				
Flammables/explosives				
Pesticides/herbicides				
Phenols/nonylphenol				
Cyanide				
Metals/metal solutions				
Pharmaceutical wastes				
Nitrogen containing compounds				
Hazardous wastes				
Radioactive wastes				
Trucked or hauled wastes				



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Chemicals/Materials/Wastes	Yes	No	Wastes discharged to sanitary sewer?	Where disposed if not to sanitary sewer?
High temperature wastes				
Sulfides or hydrogen sulfide (H <sub>2</sub> S) generating wastes				
High total dissolved solids (TDS)				

<b>Is wastewater treated prior to discharge to the sanitary sewer?</b>

<b>If so, what treatment does it receive?</b>		
pH neutralization	Grease interceptor/trap	Oil/water separator
Sedimentation	Filtering	Metals treatment
Flow equalization	Other:	

<b>Type of business/entity (check all that apply):</b>		
Manufacturing/Fabrication	Automobile Sales, Service, or Repair	Food Service
Service Business	Car Wash	Retail/Wholesale
Medical/Dental	Fabrication	Warehouse
Government/School/Church	Office	Other:

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**Type of business/entity (check all that apply):**

Aircraft repair/maintenance	Brewery/distillery
Centralized waste treatment	Industrial laundry services
Copper or aluminum forming	Dairy products manufacturing
Dental	Fertilizer manufacturing
Electrical/Electronic component manufacturing	Firearms bluing/coating (Ceracote TM)
Groceries - wholesale/retail	Automobile/equipment service and repair
Hospital/Healthcare Services	Mortuary services
Leather tanning	Food Processor
Waste hauler (including domestic sewage/septic tanks, grease interceptors, sand/oil traps, commercial or industrial waste)	Metal finishing (including electroplating, electroless plating, anodizing, coloring, coating, acid rinse or cleaning, chemical etching)
Non-ferrous metals forming	Metal molding and casting
Oil and gas refining/extraction	Paint/ink manufacturing
Painting	Wet (non-digital) x-ray/photography development
Plastics forming/manufacturing	Porcelain enameling
Printing/Publishing	Food service establishment
Pharmaceutical Manufacturing	Smelting/metal refining



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### Type of business/entity (check all that apply):

Soap or detergent manufacturing	Steam power generation
Wood preserving	Transportation equipment cleaning
Other:	Other:

Facility Square Footage: \_\_\_\_\_

### List principal products and/or services provided by the business/entity:



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Estimate the total volume of wastewater discharged per month: \_\_\_\_\_

### Wastewater disposal methods (check all that apply):

Orem Water Reclamation Facility	Hauled for off-site disposal	On-site septic tank, leach field
Direct discharge to surface water (river, pond, etc)	Storm sewer	No wastewater generated

Are there any floor/trench drains in the work areas? \_\_\_\_\_

### Notification of Hazardous Waste Discharge Reporting Requirements

The business/entity is hereby informed of obligations it has regarding federal and state law which requires the reporting the discharge of hazardous wastes to the sanitary sewer system.

The business/entity shall notify, in writing, OWRF, EPA, and the State of Utah of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be considered a hazardous waste as defined by 40 CFR § 261.

Such notification must include the name of the hazardous waste, EPA hazardous waste number, and the type of discharge (continuous, batch, or other). This notification shall be made immediately upon the discovery of discharge of hazardous waste to the sanitary sewer.

An authorized representative for the business/entity must sign the certification statement below, and return the completed form to:  
**Pretreatment Coordinator**  
**Dylan Hanseen**  
**1797 W 1000 S**  
**Orem, Utah 84059**

*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 upon 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/or imprisonment for knowing violations.*

\_\_\_\_\_  
 Authorized Representative (Print name)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Authorized Representative (signature)

\_\_\_\_\_  
 Date