



Industrial Waste and Pretreatment Questionnaire

Business Name:	Phone:
Business Address:	Mailing Address:
Signing Official(s): Print or Type Name(s) & Title	Contact Official(s): Print or Type Name(s) & Title
1.	1.
2.	2.
Phone #	Phone #
Standard Industrial Classification Code _____	Material Safety Data Sheets (MSDS) shall be filed Before Business Operations
Briefly Describe Manufacturing or Service Activities: _____ _____ _____ _____	List Principal Raw Materials Used: _____ _____ _____ _____
# of Employees ____ & If Day Care # of Students ____	If Nursing or Care Facility # of Residents _____
List Types of Chemicals Used (Including all Solvents, Soaps, Detergents Etc;) _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	List Principal Products or Services of the Business _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____
Type of Discharge Batch Continuous	Is Production Seasonal? Yes No
(Batch Discharge is a controlled release of discharge) If Batch, How Many Gallons Discharged per Batch _____ # of Batches in 24 hrs _____	IF Yes Explain: _____ _____ _____
Avg. Continuous Discharge in gallons per day _____	
Raw Water Sources: Private Wells _____gallons per day Orem Culinary _____gallons per day Lindon Culinary _____gallons per day Other: _____ _____gallons per day	Describe Pretreatment Equipment that will be utilized or installed?(Interceptors/grease traps/flow meters/pH monitoring Etc;) _____ _____ _____

Please Continue to other side to complete Questionnaire:

Water Consumed and/or Used in Facility:	Cooling _____ gallons per day
Broiler Feed _____ gallons per day	Process _____ gallons per day
Sanitary _____ gallons per day	In Product _____ gallons per day
OTHER: _____ gallons per day	TOTAL: _____ gallons per day
Average Volume of Water Loss to:	Evaporation _____ gallons per day
Sanitary Discharge _____ gallons per day	Natural Outlet _____ gallons per day
Waste Hauler _____ gallons per day	In Product _____ gallons per day
Other: _____ gallons per day	TOTAL _____ gallons per day
Is Process Discharged to the City Sewer System <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Spill Prevention or Slug Management Plan for this Facility. Yes <input type="checkbox"/> No <input type="checkbox"/> If so please attach a Copy

I am familiar with the information contained in this questionnaire and swear that the information is true, complete, and accurate. If any of the answers to questions contained in this questionnaire change, the business will immediately notify the City of Orem of the proposed change(s). Notification does not constitute approval of the proposed change(s).

Date _____

Signature of Official

If any questions, please contact Orem City Industrial Pretreatment at 801-229-7491.

Leave with Business Licensing or

Mail to 1797 West 1000 South Orem UT 84058 Attn: Industrial Pretreatment Coordinator or

Fax to 801-229-7499: Industrial Pretreatment Coordinator