

**City of Loveland - Industrial Pretreatment Program**  
**Preliminary Non-residential Wastewater Discharge Survey Form**

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The City is required to obtain and maintain information about non-residential users of the sewer system.

The purpose of this form is to collect preliminary data to determine if additional information is necessary to evaluate the business operations and if measures are needed to prevent issues in the sewer collection system or at the wastewater treatment facility.

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in Chapter 13.10.801 of the City of Loveland Municipal Code.

**Return this survey to: Pretreatment Program, 200 N Wilson Avenue, Loveland, CO 80537**

Local business name: _____
Doing business as (if different than above): _____
Loveland business address: _____ Unit: _____ Zip: _____
Business contact person: _____ Phone number: _____
e-mail: _____ Website: _____
Starting date for the business at the above location? _____

If the business is owned by a state-wide or national company with offices outside of Loveland, provide contact information for the state or national office:			
Company Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Telephone: _____			

If the business leases the property upon which the establishment is located, provide the following information:			
Property Owner name: _____			
Mailing Address: _____			
City: _____	State: _____	Zip: _____	

Indicate the general type of business function by checking the appropriate box(es):				
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Office	<input type="checkbox"/> Educational	<input type="checkbox"/> Food Prep/Service	<input type="checkbox"/> Religious
<input type="checkbox"/> Sales	<input type="checkbox"/> Service	<input type="checkbox"/> Repair	<input type="checkbox"/> Warehouse/Storage	
<input type="checkbox"/> Other: _____				
Describe the business operation(s), type of service(s) provided, products sold, produced, stored, etc.:				
_____				
_____				
_____				
_____				

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Local business name: \_\_\_\_\_

Check, activities at the business:		
<input type="checkbox"/> Anodizing	<input type="checkbox"/> Equipment Repair/Service	<input type="checkbox"/> Parts Washing/Degreasing
<input type="checkbox"/> Assembly	<input type="checkbox"/> Equipment Washing	<input type="checkbox"/> Photo Processing
<input type="checkbox"/> Barrel finishing/tumbling	<input type="checkbox"/> Ground Water Remediation	<input type="checkbox"/> Powder Coating
<input type="checkbox"/> Chemical Etching/Milling	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Printing/Publishing
<input type="checkbox"/> Coatings (chromate, phosphate, galvanize, etc.)	<input type="checkbox"/> Laminating	<input type="checkbox"/> Septic Tank Cleaning
<input type="checkbox"/> Drum/barrel wash-out	<input type="checkbox"/> Laundry	<input type="checkbox"/> Silk Screening
<input type="checkbox"/> Dyeing Fabric	<input type="checkbox"/> Machining	<input type="checkbox"/> Smelting
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Metal Coloring	<input type="checkbox"/> Tank wash-out
<input type="checkbox"/> Electroless Plating	<input type="checkbox"/> Metal Forming, Casting	<input type="checkbox"/> Vehicle Repair/Service
	<input type="checkbox"/> Paint Stripping	<input type="checkbox"/> Vehicle Washing
<input type="checkbox"/> Other activities not listed: _____		

List the liquid and solid waste generated or collected as part of the business operations (do not include restroom, breakroom, lunchroom, or office waste).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all treatment and storage devices (such as an interceptor, separator, waste oil tank, drum, filter, screen, or any biological or chemical treatment):

\_\_\_\_\_

\_\_\_\_\_

Floor drain, Pit, or Trench present in the production or storage areas?     Yes     No

Check, if present:

Sump pump                       Water feature                       Swimming Pool                       Storage vessels

Outside drain (loading dock, trash enclosure, etc.)

*Hazardous Waste Discharge Reporting Notification*

The following notification is to inform your business of its obligations under Section 13.10.609 of the Loveland Municipal Code and Title 40 of the Code of Federal Regulation Section 403.12(p).

*Non-residential customers shall notify the City of Loveland Pretreatment Program, the EPA Regional Waste Management Division Director, and State of Colorado hazardous waste authorities in writing of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261.*

Contact the Pretreatment Program at (970) 962-3719, or pretreatment@CityofLoveland.org if you need a form to report hazardous waste to the sewer.

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Local business name: \_\_\_\_\_

Complete the following:

Chemical or Substance	Maximum quantity on-site, (G for gallons, P for pounds)	Could be present in the wastewater discharged?
Hazardous chemicals or substances		<input type="checkbox"/> Yes <input type="checkbox"/> No
Toxic chemicals or substances		<input type="checkbox"/> Yes <input type="checkbox"/> No
Flammable chemicals or substances		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explosive chemicals or substances		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dissolved solids		<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspended solids		<input type="checkbox"/> Yes <input type="checkbox"/> No
Detergent, Surfactants, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inks or Dyes		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sand, Sediment, or similar		<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil or Grease		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drugs, Pharmaceuticals		<input type="checkbox"/> Yes <input type="checkbox"/> No
Radioactive(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
pH <5.5		<input type="checkbox"/> Yes <input type="checkbox"/> No
pH >11.5		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Chemicals/Substances		<input type="checkbox"/> Yes <input type="checkbox"/> No

Spill Prevention, Control, or Countermeasures in place? Yes No

Certification  
***An official of the business listed above must sign this survey.*** DO NOT sign if you are an architect, contractor, engineer, etc., who does not meet the criteria stated in 40 CFR Part 403.12(l).

- I am a responsible corporate officer, a general partner or proprietor, or a duly authorized representative of the business in accordance with the requirements of 40 CFR Part 403.12(l).
- 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date