

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

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.

Refer to Chapter 13.10 of the City of Loveland Municipal Code for confidential treatment of information provided on this form.

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: _____
Standard Industrial Classification or North American Industry Classification System code: _____	
Starting date for the business at the above location? _____	

Certification

An "Authorized Representative" of the business listed above must sign this survey.

For more information, refer to the definition in Chapter 13.10 of the Loveland Municipal Code.

Check the applicable box:

- 1. The business is a corporation. I am in charge of a principal business function of the corporation, perform similar policy- or decision-making functions for the corporation, or am authorized to make management decisions which govern the operation of the facility and where authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- 2. I am a general partner or sole proprietor of the business.
- 3. I am a duly authorized representative of the business. **Documentation**, by an individual listed in 1 or 2 above, **is attached that specifies** I have responsibility for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company.

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

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.:

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"/> Other activities not listed: _____ | <input type="checkbox"/> Paint Stripping | <input type="checkbox"/> Vehicle Washing |

I have received the following information attached to this survey: Yes No

- Hazardous Waste Notification
- Pharmaceutical Waste Notification
- Slug Plan Notification

Chemicals / Substances If unsure what is used at your facility refer to Safety Data Sheet(s).	Present		Maximum quantity on-site, G = gallons P = pounds	If YES, could be discharged to the sewer (intentionally or unintentionally)?
	Yes	No		
Acids				<input type="checkbox"/> Yes <input type="checkbox"/> No
Corrosion Inhibitors (incl. cooling/boiler sys.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Corrosives				<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethers				<input type="checkbox"/> Yes <input type="checkbox"/> No
Explosives				<input type="checkbox"/> Yes <input type="checkbox"/> No
Flammables				<input type="checkbox"/> Yes <input type="checkbox"/> No
Grease or Oil				<input type="checkbox"/> Yes <input type="checkbox"/> No
Halogenated Aliphatics (hexane, methane, propane)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Herbicides				<input type="checkbox"/> Yes <input type="checkbox"/> No
Inks/Dyes/Paints				<input type="checkbox"/> Yes <input type="checkbox"/> No
Metals, Inorganics				<input type="checkbox"/> Yes <input type="checkbox"/> No
Monocyclic Aromatics (benzene, toluene, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Nitrogen Containing Compounds (ammonia and nitric acid are examples)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Nitrosamines (found in latex, rubber and cosmetic products)				<input type="checkbox"/> Yes <input type="checkbox"/> No
PCB's & Related Compounds				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pesticides				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmaceuticals				<input type="checkbox"/> Yes <input type="checkbox"/> No
Phenols/Cresols				<input type="checkbox"/> Yes <input type="checkbox"/> No
Phthalate Esters (plasticizers)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Polycyclic Aromatic Hydrocarbons (naphthalene, anthracene, phenanthrene)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Radioactive Isotopes				<input type="checkbox"/> Yes <input type="checkbox"/> No
Sand, Sediment, or similar				<input type="checkbox"/> Yes <input type="checkbox"/> No
Solvents (incl. cleaning solvents)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any liquid wastes, sludges, or other waste material generated from this facility's processes? If yes, list: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the wastes generated by this facility's processes, service, or manufacturing activities discharged to the sanitary sewer system? If yes, list: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check, if present:

Sump pump. If checked, does it discharge to sewer? Yes No

Purpose: _____

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

If checked, does it discharge to sewer? Yes No

Storage vessel(s),

Purpose: _____

Size(s): _____

Floor drain(s) present in the work, production, or storage areas? Yes No

Trench drain(s) present in the work, production, or storage areas? Yes No

Identify spill prevention method(s) to prevent discharge into the sanitary sewer:

No method

Chemical Cabinet

Flammable Cabinet

Designated Storage Area

Secondary Containment or Berm

Floor Drain(s), pit, trench are plugged, or permanently sealed or covered

Other _____

This business has a Spill Prevention and/or Slug Control Plan. Yes No

List all treatment and storage devices (such as an interceptor, separator, holding tank, drum, filter, screen, pH adjustment, chemical treatment, etc.):

Work Days	No. Emp.	1st Shift Hours	No. Emp.	2nd Shift Hours	No. Emp.	3rd Shift Hours
Weekday		to		to		to
Saturday		to		to		to
Sunday		to		to		to
Seasonal		to		to		to

Office Shift hour(s): _____

Production Shift hour(s): _____

What is the estimated water usage for your business? _____ gallons/ day or month

Hazardous Waste Notification

The following notification is to inform your business of regulations governing hazardous wastes. For more information, refer to Section 13.10.609 of the Loveland Municipal Code.

Your business must notify the City of Loveland, EPA Region VIII Waste Management Division Director, and the Colorado Hazardous Waste Management authorities in writing of any discharge of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR 261. Such information must include:

1. The name of the hazardous waste,
2. The EPA hazardous waste number,
3. The type of discharge (continuous, batch or other), and
4. Certification that the industrial user has a program in place to reduce the volume and toxicity of hazardous wastes generated.

Additional information must be supplied if your business discharges more than 100 kilograms (220 pounds) of hazardous waste per calendar month, including the identity, mass and concentration of hazardous waste constituents in the wastes during a calendar month and that expected to be discharged during the following 12 months.

The notification need be submitted only once for each hazardous waste discharged, unless:

- There is a substantial change in the volume or character of hazardous wastes being discharged, or
- The industrial user is currently discharging a waste that subsequently becomes a listed or characteristic hazardous waste because of new RCRA regulations. In this case, an industrial user has 90 days to notify the appropriate authorities.

A business is generally exempt from the requirements during a calendar month in which they discharge no more than 15 kilograms (33 pounds) of hazardous wastes, unless the wastes are acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e).

Discharge of more than 15 kilograms (33 pounds) of non-acute hazardous wastes in a calendar month, or of any quantity of acute hazardous wastes, as specified in 40 CFR 261.30(d) and 261.33(e), requires a one-time notification. Subsequent months during which the business discharges more than such quantities of any hazardous waste do not require additional notification.

To obtain a form for reporting hazardous waste information call 962-3719, or goto: www.cityofloveland.org/pretreatment (under the Documents and Forms link).

In addition to these reporting requirements, other requirements of the Colorado Department of Public Health and Environment's Hazardous Waste Regulations may apply to your facility. For more information contact the Colorado Department of Public Health and Environment Hazardous Materials and Waste Management Division.

Pharmaceutical Waste Notification

The following notification is to inform your business of its obligations under Title 40 of the Code of Federal Regulation Part 266, Standards for the Management of Specific Hazardous Wastes:

Hazardous Waste Pharmaceutical means a pharmaceutical that is a solid waste (includes liquids), as defined in 40 CFR Section 261.2 and exhibits one or more characteristics identified in part 261 subpart C or is a listed hazardous waste in part 261 subpart D.

NO HEALTHCARE FACILITY SHALL DISCHARGE ANY HAZARDOUS WASTE PHARMACEUTICAL OR DRUG ENFORCEMENT AGENCY CONTROLLED SUBSTANCE TO THE CITY OF LOVELAND SANITARY SEWER SYSTEM (e.g., no disposal down the drain and no flushing).

Healthcare facilities that are prohibited from discharging these wastes ***include***, but is not limited to:

Ambulance services	Long-term care facilities	Psychiatric hospitals
Ambulatory surgical centers	Military medical logistic facilities	Retailers of pharmaceuticals
Chiropractors	Optical providers	3rd party logistics providers
Dental providers	Pharmacies (including long-term care and mail order)	Veterinary clinics & hospitals
Health clinics	Physicians' offices	Wholesale distributor
Hospitals		

For more information on the Management Standards for Hazardous Waste Pharmaceuticals goto:
www.CityofLoveland.org/Pretreatment

Slug Discharge Notification

This notification is to inform your business of regulations governing a slug discharge to the sanitary sewer system. For more information, refer to Sections 13.10.202, 13.10.301 and 13.10.303 of the Loveland Municipal Code.

A slug discharge is any discharge of a non-routine, episodic nature, including an accidental spill or non-customary batch discharge, which has a reasonable potential to cause harm to city workers, the sewer collection system or the Wastewater Treatment Plant.

1. A business is required to provide protection from a slug discharge.
2. Significant Industrial Users are required to notify the Pretreatment Coordinator immediately of any changes at their facilities affecting potential for a slug discharge.
3. The director may require any business to develop, submit for approval, and implement a slug control plan, or best management practices plan, to prevent adverse impact from a slug discharge. Such plan may need to address inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site runoff, worker training, building of containment structures or equipment, and/or measures and equipment for emergency response.
4. The business shall ensure that all employees who may cause such a discharge to occur are advised of the accidental spill plan and emergency notification procedure(s).