



## **Pretreatment Program**

# Fats, Oil and Grease / Industrial User Manual and Permit Program & Dental Waste Standards & Guidelines

February 2023

Widefield Water and Sanitation District  
8495 Fontaine Blvd.  
Colorado Springs, CO 80925  
(719) 390-7111



## WASTEWATER DISCHARGE QUESTIONNAIRE

Completed Questionnaire Due Date: \_\_\_\_\_

For questions regarding this questionnaire, please email [Logan@wwsdonline.com](mailto:Logan@wwsdonline.com).

### GENERAL INFORMATION:

Date: \_\_\_\_\_ SIC and/or NAICS Code(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Utilities Account No(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



Person(s) to be contacted regarding this questionnaire:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**FACILITY OPERATIONS AND WASTEWATER INFORMATION:**

1. Check all activities which are or will be present at your facility:

- |   |   |
|---|---|
| <input type="checkbox"/> Assembly                       | <input type="checkbox"/> Medical Services       |
| <input type="checkbox"/> Auto Services                  | <input type="checkbox"/> Retail                 |
| <input type="checkbox"/> Food Processing/Service        | <input type="checkbox"/> Vehicle/Equipment Wash |
| <input type="checkbox"/> Manufacturing                  | <input type="checkbox"/> Warehousing            |
| <input type="checkbox"/> Material Transfer/Distribution | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Office (not medical)           |   |

2. Describe in **DETAIL** the type of work (service or manufacturing) performed at this location. Include processes, products, services, etc.

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3. List the basic materials used, sold, and/or distributed in the operation at your facility. Include base materials and end products.

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4. Are there any floor drains in the work or storage areas at your facility: YES  NO   
If yes, please describe the location (s):

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5. Indicate the total average water use at this facility to include bathrooms, irrigation, and process water.

\_\_\_\_\_Gallons per \_\_\_\_\_Day

Information Obtained From

- Estimate
- Water bill
- Flow meter or totalizer
- Other source (please specify): \_\_\_\_\_

6. Are any liquid wastes, sludges, or other waste materials generated from this facility's processes?

YES  NO

7. Are any of the wastes that are generated by this facility's processes, service, or manufacturing activities discharged to the sanitary sewer system?

YES  NO



8. If YES to question #7, indicate the total daily process (**non-domestic**) wastewater discharge from your facility.

\_\_\_\_\_ Gallons per \_\_\_\_\_ Day                      NONE

Information Obtained From

- Estimate
- Water bill
- Flow meter or totalizer
- Other source (please specify): \_\_\_\_\_

If you do not have a connection to the Widefield Water and Sanitation District wastewater collection system, how often is your septic/holding tank pumped?

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*(Please provide waste hauler information in question #18 below)*

9. What chemicals are used in this facility's processes, service, or manufacturing activities?

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10. Number of shifts at this facility: \_\_\_\_\_

Average number of employees per shift: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>

11. Are any of the following plans in effect at this facility?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| RCRA plan to handle hazardous waste?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Spill prevention plan?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Closure plan?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Plan for handling solvents and/or solvent wastes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



12. Below is a list of processes/activities that are either categorically defined and regulated by the US Environmental Protection Agency (EPA) or considered significant by the Widefield Water and Sanitation District. Do any operations in your facility include any of the following processes or activities?

Yes (check all that apply)                       No

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Adhesives</li> <li><input type="checkbox"/> Airport Deicing</li> <li><input type="checkbox"/> Aluminum Forming</li> <li><input type="checkbox"/> Asbestos Manufacturing</li> <li><input type="checkbox"/> Battery Manufacturing</li> <li><input type="checkbox"/> Beverage Manufacturing</li> <li><input type="checkbox"/> Canned &amp; Preserved Fruits &amp; Vegetables</li> <li><input type="checkbox"/> Canned &amp; Preserved Seafood</li> <li><input type="checkbox"/> Carbon Black Manufacturing</li> <li><input type="checkbox"/> Cement Manufacturing</li> <li><input type="checkbox"/> Coal Mining</li> <li><input type="checkbox"/> Coil Coating</li> <li><input type="checkbox"/> Copper Forming</li> <li><input type="checkbox"/> Dairy Products</li> <li><input type="checkbox"/> Electrical &amp; Electronic Components</li> <li><input type="checkbox"/> Electroplating</li> <li><input type="checkbox"/> Explosives Manufacturing</li> <li><input type="checkbox"/> Feedlots</li> <li><input type="checkbox"/> Ferroalloy Manufacturing</li> <li><input type="checkbox"/> Fertilizer Manufacturing</li> <li><input type="checkbox"/> Glass Manufacturing</li> <li><input type="checkbox"/> Grain Mills</li> <li><input type="checkbox"/> Gum &amp; Wood Chemicals Manufacturing</li> <li><input type="checkbox"/> Hazardous Waste Combustors</li> <li><input type="checkbox"/> Hospitals</li> <li><input type="checkbox"/> Industrial Laundry</li> <li><input type="checkbox"/> Ink Formulating</li> <li><input type="checkbox"/> Inorganic Chemicals</li> <li><input type="checkbox"/> Iron &amp; Steel Manufacturing</li> <li><input type="checkbox"/> Landfills</li> <li><input type="checkbox"/> Leather Tanning &amp; Finishing</li> <li><input type="checkbox"/> Meat Products</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Metal Finishing</li> <li><input type="checkbox"/> Metal Molding &amp; Casting (Foundry)</li> <li><input type="checkbox"/> Mineral Mining &amp; Processing</li> <li><input type="checkbox"/> Nonferrous Metals Forming &amp; Metal Powders</li> <li><input type="checkbox"/> Nonferrous Metals Manufacturing</li> <li><input type="checkbox"/> Oil &amp; Gas Extraction</li> <li><input type="checkbox"/> Ore Mining &amp; Dressing</li> <li><input type="checkbox"/> Organic Chemicals</li> <li><input type="checkbox"/> Paint Formulating</li> <li><input type="checkbox"/> Paving &amp; Roofing Materials</li> <li><input type="checkbox"/> Pesticide Chemicals</li> <li><input type="checkbox"/> Petroleum Refining</li> <li><input type="checkbox"/> Pharmaceutical Manufacturing</li> <li><input type="checkbox"/> Phosphate Manufacturing</li> <li><input type="checkbox"/> Photographic or X-ray Processing</li> <li><input type="checkbox"/> Plastics Manufacturing</li> <li><input type="checkbox"/> Plastics Molding &amp; Forming</li> <li><input type="checkbox"/> Porcelain Enameling</li> <li><input type="checkbox"/> Pulp, Paper &amp; Paperboard</li> <li><input type="checkbox"/> Rubber Manufacturing</li> <li><input type="checkbox"/> Sand/Oil Interceptor</li> <li><input type="checkbox"/> Soap &amp; Detergent Manufacturing</li> <li><input type="checkbox"/> Steam Electric Power Generating</li> <li><input type="checkbox"/> Sugar Processing</li> <li><input type="checkbox"/> Synthetic Fibers</li> <li><input type="checkbox"/> Textile Mills</li> <li><input type="checkbox"/> Timber Products</li> <li><input type="checkbox"/> Tobacco Products Processing</li> <li><input type="checkbox"/> Transportation Equipment Cleaning</li> <li><input type="checkbox"/> Waste Treatment</li> </ul> |
|--|---|

Describe: \_\_\_\_\_

\_\_\_\_\_



13. For each item checked in Question 12, describe the type of wastewater discharged: *Attach additional sheets if needed.*

Operation / Activity	Description of wastewater discharged from the operation/activity

14. Do you anticipate any operational or process changes in the future: YES  NO   
 If yes, please explain:

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15. Is any of your wastewater treated prior to discharge to the sanitary sewer? YES  NO   
 (i.e. interceptors/traps, metals treatment, pH adjustment, filtration, etc.)

If yes, indicate pretreatment devices or processes that are used for treating wastewater. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Air Flotation               | <input type="checkbox"/> Neutralization, (pH adjustment) |
| <input type="checkbox"/> Amalgam Separator           | <input type="checkbox"/> Oil Separation                  |
| <input type="checkbox"/> Biological (specify): _____ | <input type="checkbox"/> Ozonation                       |
| <input type="checkbox"/> Centrifuge                  | <input type="checkbox"/> Precipitation                   |
| <input type="checkbox"/> Chlorination                | <input type="checkbox"/> Sand Interceptor                |
| <input type="checkbox"/> Cyclone                     | <input type="checkbox"/> Screening                       |
| <input type="checkbox"/> Filtration                  | <input type="checkbox"/> Sedimentation                   |
| <input type="checkbox"/> Flocculation                | <input type="checkbox"/> Septic Tank                     |
| <input type="checkbox"/> Flow Equalization           | <input type="checkbox"/> Silver Recovery                 |
| <input type="checkbox"/> Grease Trap / Interceptor   | <input type="checkbox"/> Solvent Separation              |
| <input type="checkbox"/> Grit Removal                | <input type="checkbox"/> Other (specify): _____          |
| <input type="checkbox"/> Ion Exchange                |  |



16. Describe the treatment system and/or treatment unit(s): **IF NO TREATMENT EXISTS, PLEASE ANSWER N/A.**

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17. Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

Analyses Attached

No Analyses Available

**WASTE DISPOSAL:**

18. Provide the following information on all waste hauler(s) and or onsite treatment vendor(s) if used (not including typical garbage haulers):

Waste Hauler or On-Site Treatment Vendor #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Waste Hauler or On-Site Treatment Vendor #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

*Attach additional sheets as needed.*





19. What is your RCRA waste generator status?

- Large Quantity Generator
- Small Quantity Generator
- Conditionally Exempt Small Quantity Generator
- None

**NOTE TO SIGNING OFFICIAL:** In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

**STATEMENT OF CERTIFICATION:**

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_