



City of Prescott
Pretreatment Program

Chapter 4 Identification of Non- Domestic Users

July 2013



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Acronyms

BMPs	Best Management Practices
FOG	Fats, Oils, and Grease
FSF	Food Service Facility
IWDP	Industrial Wastewater Discharge Permit
IWS	Industrial Waste Survey
PAC	Pre-application Conference
POTW	Publicly-Owned Treatment Works
SIUs	Significant Industrial Users
VSF	Vehicle Service Facility



4. Identification of Non-Domestic Users

4.1 Background

An Industrial Waste Survey (IWS) is a method for identifying non-domestic commercial and industrial users, as well as Significant Industrial Users (SIUs). The IWS is a compilation of the commercial and industrial users that potentially discharge to the Publicly Owned Treatment Works (POTW). An IWS serves the following functions:

- Determines which industrial users should be regulated by the Pretreatment Program
- Provides the basis for determining which industrial users are subject to categorical pretreatment standards
- Identifies which industrial users would be considered SIUs
- Determines the characteristics of wastewaters being discharged to the POTW
- Establishes a database of sewer users

Portions of an IWS must be repeated on a regular basis in order to maintain an up-to-date database of industrial users and SIUs.

In 2005, the City of Prescott (City) conducted an initial IWS based on the USEPA *Guidance Manual for POTW Pretreatment Program Development* (USEPA 1983). The process of characterizing non-domestic users was conducted in three steps:

1. Compile a list of sewer users, including industrial, commercial, and institutional users
2. Send out an initial screening questionnaire to industrial, commercial, and institutional users to identify those which may pose risks to the City's POTW
3. Distribute a detailed survey to screened industrial users and conduct site visits at a select group of the surveyed industrial users

This chapter of the City's Pretreatment Program describes the results of the 2005 IWS and the 2013 update to the IWS.

4.2 2005 Industrial Waste Survey

The City compiled a list of the industrial, commercial, and institutional sewer users based on utility billing information. The list contained 1,019 businesses, as well as other information including business name, contact person, billing address, and phone information.

General business descriptions were added based on the names of the businesses and general knowledge of the operations and services provided. The industrial users list was supplemented with information provided by Public Works Department staff, the City of Prescott Chamber of Commerce, and the Qwest DEX yellow pages.

The master list of sewer users that met the USEPA criteria and the City’s concerns for possible inclusion in the Pretreatment Program totaled approximately 500 businesses. Of these, approximately 400 businesses were sewer users that were identified as posing potential risks to the POTW, and approximately 100 were users that had the potential to be included in the Pretreatment Program in the future. Table 1 summarizes the rationale used to determine the categories of potential Pretreatment Program users that were considered for further screening, as well as the types of businesses that fit into these categories.

Table 1 Rationale for Conducting User Identification		
Rationale	User Categories	Types of Businesses
Users that pose potential risks to the POTW	Industries	Industries and manufacturers
	Food service facilities	Restaurants, schools, churches
	Vehicle service facilities	Maintenance facilities, car dealerships, auto body shops
	Medical facilities	Hospitals, medical centers
	Waste haulers	Septic haulers, grease recyclers
	Dry cleaners	Commercial laundries
Users with future potential to be included in the Pretreatment Program	Photo processors, medical and dental offices, pharmacies, reprographic businesses, paint and coating stores, exterminators, welders, jewelers, and barber shops.	
Users that did not appear to pose risks to the POTW	Private and government offices	

The City evaluated the list of businesses that posed potential risks to the POTW and developed a phased approach for characterizing sewer users, which included the use of an initial questionnaire, follow-up surveys, and site visits to gather information regarding the potential Pretreatment Program users.

4.2.1 Initial Questionnaire

The City developed an initial screening questionnaire to determine which categories of users might pose a significant risk to the City's POTW and could potentially be subject to the Pretreatment Program. The questionnaire asked users to provide the following information:

- Industry name, mailing address, location of facility, and contact person's name and phone number
- Type of business, processes performed and products manufactured
- SIC code
- Sewer service
- Water source(s) and average usage
- Type of wastewater discharged (i.e., sanitary, process, noncontact cooling, boiler blowdown) and discharge location(s)

The questionnaire and accompanying letter, which provided background information regarding the objectives of the Pretreatment Program, were distributed to approximately 400 facilities.

Based on the results of the initial screening questionnaire, the City eliminated several categories of businesses that did not appear to pose a significant risk to the POTWs, including: schools, churches, and office complexes. Individual users were eliminated on a case-by-case basis if they only generated domestic wastewater. A total of 55 businesses were eliminated from the list of users. Common reasons for elimination included:

- The business did not have a process water discharge
- The business conducted retail services only
- The business did not have a kitchen or any food processing
- The business was no longer at the listed address

The following five categories of industrial users remained as potentially posing a risk to the City's POTW:

- Food Service Facilities (FSFs)
- Vehicle Service Facilities (VSFs)
- Industrial/Manufacturing Facilities
- Medical Facilities
- Waste Haulers

4.2.2 Detailed Surveys

Detailed survey forms specific to each of the five industrial user categories that remained a potential risk to the City’s POTW were developed. The objective of the detailed surveys was to obtain a better understanding of user activities, the nature of the waste produced, the type and effectiveness of the existing pretreatment practices, and the existing use of best management practices (BMPs) employed at the facility. The detailed survey forms distributed to industrial users focused on practices specific to each user category, as summarized in Table 2.

Table 2 Examples of 2005 Detailed Survey Questions	
User Category	Detailed Survey Questions
Food Service Facilities	Type of facility (e.g., restaurant, school with kitchen, food processing)
	Location and size of existing pretreatment devices such as grease traps/interceptors
	Maintenance frequency and procedures for existing pretreatment devices
	Type and number of fixtures plumbed to the pretreatment devices
	Used grease/oil disposal or recycling practices
Vehicle Service Facilities	Type of services provided at facility (e.g., engine cleaning, fluid change)
	Location and size of existing pretreatment devices such as oil/water or sand/oil separators
	Maintenance frequency and procedures for existing pretreatment devices
	Type and number of fixtures plumbed to the pretreatment devices
	Automobile waste disposal or recycling practices
Industrial/ Manufacturing Facilities	Summary of manufacturing, production, and/or primary business conducted
	Water usage summary, including approximate flows through appurtenances such as boilers and cooling towers
	Description of wastewater discharge characteristics and flow volumes
	Location, size, and maintenance frequency of existing pretreatment devices
	Industrial waste disposal or recycling practices
Medical Facilities	Type of services provided at facility (e.g., dental, X-ray)
	Location and size of existing pretreatment devices
	Maintenance frequency and procedures for existing pretreatment devices
	Medical waste disposal or recycling practices

Table 2 (cont.) Examples of 2005 Detailed Survey Questions	
User Category	Detailed Survey Questions
Waste Haulers	Types of waste hauled and disposed
	Location of disposal
	Operational practices
	Truck cleaning policies

Approximately 300 detailed survey forms were distributed to industrial users. The results of the surveys indicated that the design, use, service, and maintenance of pretreatment devices were not uniform among the users identified as FSFs, VSFs, and medical facilities. This confirmed the need for education programs to provide assistance to the users regarding:

- Adequate use and operation of pretreatment devices
- Appropriate pretreatment device maintenance frequency and cleaning methods (e.g., contract a waste hauler)
- Awareness on the benefits of implementing BMPs (e.g., grease collection and disposal procedures, cleaning pretreatment devices)

4.2.3 Site Visits

City staff conducted site visits to evaluate the existing pretreatment devices, maintenance practices for pretreatment equipment, and BMPs being implemented at the facilities. In addition, the site visits accomplished the following objectives:

- Communicated the purpose and benefits of the pretreatment program to local businesses
- Initiated a positive relationship between the City and local businesses
- Created immediate benefits to local businesses and the City by providing pretreatment recommendations during the site visit, such as implementation of BMPs

Site visits were conducted during the week of July 25, 2005. The rationale for determining which facilities would be visited included an evaluation of the information gathered during the regulatory and critical issues review, and assessing where more information was needed for facilities located in the vicinity of known problem areas.

Approximately 40 facilities were identified for site visits, including 28 FSFs, seven VSFs, two industries, and two medical facilities. The BMP information for FSFs and VSFs were distributed during the site visits. Photographs were taken during the site visits to document current conditions at the facilities, including existing pretreatment devices and areas of need of improvement. The City developed an Inspection Report Form, which was completed during each site visit, to record information for each user category (FSF, VSF, medical facilities, etc.).

4.2.4 2005 IWS Results

The compilation of the information from the 2005 screening questionnaires, detailed surveys, and site visits was used to characterize the types of businesses discharging non-domestic wastes to the City’s POTW. Of the 400 initial questionnaires sent out to businesses, 173 were completed and returned to the City. Table 3 summarizes the number of users that completed the detailed survey and/or participated in a site visit, and the number of users that require further characterization.

Table 3 2005 Detailed Survey and Site Visit Results						
User Categories	Total Number of Businesses That:					Examples of Businesses Needing Further Characterization
	Were Surveyed	Returned survey	Had Site Visit	Were Eliminated from List	Need Further Characterization	
Food Service	175	60	28	1	31	Churches, schools, grocery stores
Vehicle Service	92	40	7	8	21	Auto parts sale, body shops
Industrial	30	16	2	4	20	Manufacturers
Medical Facility	24	15	2	9	9	Dental offices
Totals	321	131	39	22	81	

The businesses eliminated from the potential Pretreatment Program user’s list included facilities that do not conduct food processing, vehicle maintenance, or industrial operations.

4.3 2013 IWS Update

An update to the 2005 IWS was performed in 2013 in association with efforts to modify the Sewer Use Ordinance and re-evaluate local limits. The 2013 IWS update used on-

line survey software (www.surveymethods.com). The benefit of using an on-line tool to conduct the IWS included:

- Ability to combine the initial screening questionnaire and detailed survey into one overall survey form by using branching and skip logic functions; this allowed users to be directed to relevant portions of the survey based on their responses
- Web URL for the survey was created and posted on the City's Public Works Department Water Protection web page
- Results could be exported directly to Excel, minimizing potential transcription errors and data entry requirement, which facilitated data compilation

The on-line survey allowed for flexibility in the type of questions and responses (text box, select answers, radio dials). Hardcopy versions of the survey for different industrial user categories (included in Appendix A) were also posted in the City's web site so that survey participants could print out the survey prior to responding on-line.

The City notified potential users of the survey by sending out approximately 600 postcards which explained the objective of the survey and provided a link (www.cityofprescott.net/services/water/protection.php) to the survey from the City's Water Protection web page. Unfortunately, the commercial and industrial users' response rates were very low. Of the approximately 600 businesses that were mailed survey notification postcards, only 47 users completed the survey. Table 4 summarizes the response data from the 2013 IWS Update.

The web-based survey can be an effective way of managing IWS responses but it requires time to follow-up with users that haven't submitted responses or submitted questionable responses. The City will use the survey data from the 2013 IWS Update to begin to identify potential SIUs and begin the permitting process. The two businesses that are potential SIUs which did not respond to the IWS (Fortner & Gifford – Fortner Aerospace and Prescott Brewing Company) will be required to complete the survey as part of their Industrial Wastewater Discharge Permit (IWDP) application. It is anticipated that Fortner may be considered a zero discharger; however, they will still be required to obtain an IWDP.

The City plans to continue hosting the on-line IWS survey. The Public Works Department has coordinated with the Building Department to require businesses to complete the IWS prior to submitting building plans. This coordination occurs during the City's pre-application conference (PAC) and will assist in determining upfront pretreatment requirements for businesses with the potential to impact the POTWs. The IWS will serve as a tracking system for new businesses and will provide the City a

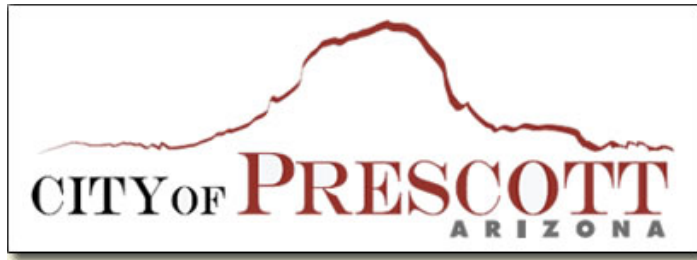
mechanism for identifying possible SIUs and initiating the IWDP process. The IWS will also provide an opportunity to open an educational dialogue with commercial users.

Table 4 2013 IWS Update Summary			
User Category	# of Responses	Survey Summary	Example Users
Potential SIUs	4	Wastes included solvents, metals, detergents and /or cleaners; pretreatment equipment ranged from pH neutralization, resin filter, reactor / clarifier/sludge filter press	Pure Wafer, Sturm Ruger, Sun Fashion Design, Ester C
Industrial	3	1 listed wastes as chemicals/solvents and detergents/cleaners; 1 used waste hauler, and 1 listed treatment as chemical conversion and disposal	Printer, metals recycling, audio and video products
Vehicle Service Facilities	11	7 use waste haulers, 6 have pretreatment equipment, 5 have oil/water separator or interceptors	Body shop, car repair, car wash, brake/tire, car dealers
Food Service Facilities	8	Wastes included FOG, chemicals/ solvents, detergents/cleaners; pretreatment equipment consisted of grease interceptors/traps	Mexican food, deli, diner, brewery, church/conference center
Medical Service Facilities	7	Wastes included medical waste, chemicals/solvents, and detergents/ cleaners; medical waste is picked up by waste hauler	Medical clinic, dermatology practice, physical therapy, podiatry practice
Miscellaneous	13	Wastes included chemicals/solvents, detergents/cleaners, and medical waste; pretreatment equipment listed for 2 facilities consisted of grease trap/interceptors	Church, school, offices, aircraft instrument manufacturer

Appendix A
2013 On-line Survey
for

- A-1 Significant Industrial Users (SIUs)**
- A-2 Other Industrial Users**
- A-3 Vehicle Service Facilities**
- A-4 Food Service Facilities**
- A-5 Medical Facilities**
- A-6 Dental Facilities**
- A-7 Wastehaulers**

A-1 Significant Industrial Users (SIUs) Survey



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

- * 12. Provide a brief description of the facility. Include information on the products manufactured and/or the industrial activities conducted:

13. If applicable, provide the Standard Industrial Classification (SIC) code(s) for the facility:

- * 14. Does the facility discharge wastewater from any source besides the restrooms?

Yes No

- * 15. Is the facility subject to Federal Categorical Pretreatment Standards AND/OR does the facility discharge an average of 25,000 gallons per day or more of wastewater to the sewer system (excluding sanitary wastewater)?

Yes
 No
 Unsure

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

16. **Operational Hours.** Provide the following information for the facility:

	Hours of Operation	Number of Shifts	Number of Employees per Shift
Monday	—	—	—
Tuesday	—	—	—
Wednesday	—	—	—
Thursday	—	—	—
Friday	—	—	—
Saturday	—	—	—
Sunday	—	—	—

* 17. **Provide information on the product(s) manufactured and/or activities conducted at the facility:**

(Check all that apply)

- Adhesives
- Aluminum Forming
- Batteries
- Coal Mining
- Coil Coating
- Copper Forming
- Electric & Electrical Components
- Electroplating
- Explosives
- Foundries
- Inorganic Chemicals
- Iron & Steel
- Leather Tanning & Finishing
- Mechanical Products
- Metal Finishing
- Non-ferrous Metals
- Organic Chemicals
- Paint & Ink
- Pesticides
- Pharmaceuticals & Nutraceuticals
- Photographic Supplies
- Rubber
- Soaps & Detergents
- Textile Mills
- Timber
- None of the Above
- Other (please describe below):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

18. **Water Usage.** Indicate the average water usage at the facility:

	Water Usage (gal/day)	Estimated or Measured (E or M)	Method of Estimation or Measurement
Total	_____	_____	_____
Air Pollution Control Unit	_____	_____	_____
Contact Cooling Water	_____	_____	_____
Cooling Water	_____	_____	_____
Boiler Feed	_____	_____	_____
Process/Operations	_____	_____	_____
Personnel Sanitary Use	_____	_____	_____
Plant/Equipment Cleaning	_____	_____	_____
In Product	_____	_____	_____
Landscaping	_____	_____	_____
Others	_____	_____	_____

19. **Pretreatment.** Provide flow capacities for the following pretreatment methods/equipment at the facility (as applicable):

	Pretreatment Method/Equipment at Facility? (Yes / No)	Flow Capacity	Units
Air Flotation	—	—	—
Biological Treatment	—	—	—
Centrifuge	—	—	—
Chemical Precipitation	—	—	—
Chlorination	—	—	—
Cyclone	—	—	—
Filtration	—	—	—
Flow Equalization	—	—	—
Oil/Grease Separation	—	—	—
Grit Removal	—	—	—
Ion Exchange	—	—	—
Neutralization	—	—	—
Ozonation	—	—	—
Reverse Osmosis	—	—	—
Screening	—	—	—

Sedimentation

—

—

—

Septic Tank

—

—

—

Solvent Separation

—

—

—

Other

—

—

—

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

20. Provide the mode for wastewater discharges at the facility:

- Continuous
- Batch (i.e., Intermittent)
- Both Continuous and Batch

21. Continuous Discharge. Provide details on the continuous wastewater discharge (if applicable):

Hours per Day _____

Days per Week _____

22. Batch Discharge. Provide details on the batch wastewater discharge (if applicable):

	Process	Hours	Volume (gallons)	Rate (gallons per minute)
Monday	—	—	—	—
Tuesday	—	—	—	—
Wednesday	—	—	—	—
Thursday	—	—	—	—
Friday	—	—	—	—
Saturday	—	—	—	—
Sunday	—	—	—	—

23. Flow Rate. Provide the flow rate (volume of water per day) discharged to the following sources:

	Flow Rate (gallons/day)	Estimated or Measured (E or M)	Method of Estimation or Measurement
Sanitary Sewer	_____	_____	_____
Storm Sewer	_____	_____	_____
Surface Water	_____	_____	_____
Groundwater	_____	_____	_____
Evaporation	_____	_____	_____
Waste Hauler	_____	_____	_____
Other	_____	_____	_____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

24. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Antimony	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arsenic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asbestos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beryllium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cadmium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chromium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyanide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mercury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nickel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selenium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thallium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zinc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Phenol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, 2-chloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, 2,4-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, 2,4,6-trichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, pentachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, 2-nitro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, 4-nitro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, 2,4-dinitro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenol, 2,4-dimethyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m-Cresol, p-chloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o-Cresol, 4,6-dinitro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Benzene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzene, chloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzene, 1,2-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzene, 1,3-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzene, 1,4-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzene, 1,2,4-trichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzene, hexachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Benzene, ethyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzene, nitro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toluene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toluene, 2,4-dinitro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toluene, 2,6-dinitro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCB-1016	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCB-1221	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCB-1232	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCB-1242	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCB-1248	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCB-1254	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCB-1260	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-Chloronaphthalene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ether, bis(chloromethyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ether, bis(2-chloroethyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ether, bis(2-chloroisopropyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ether, 2-chloroethyl vinyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ether, 4-bromophenyl phenyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ether, 4-chlorophenyl phenyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bis(2-chloroethoxy) methane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Nitrosamine, dimethyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nitrosamine, diphenyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nitrosamine, di-n-propyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzidine, 3,3'-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrazine, 1,2-diphenyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acrylonitrile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Methane, bromo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, chloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, chlorodibromo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, dichlorobromo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, tribromo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, trichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, tetrachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, trichlorofluoro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methane, dichlorodifluoro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethane, 1,1-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethane, 1,2-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethane, 1,1,1-trichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethane, 1,1,2-trichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethane, 1,1,2,1-tetrachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ethane, hexachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethene, chloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethene, 1,1-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethene, trans dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethene, trichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethene, tetrachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propane, 1,2-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Propene, 2,4-dichloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Butadiene, hexachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyclopentadiene, hexachloro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Phthalate, di-c-methyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phthalate, di-n-ethyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phthalate, di-n-butyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phthalate, di-n-octyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phthalate, bis(2-ethylhexyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phthalate, butyl benzyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Acenaphthene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acenaphthylene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anthracene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzo (a) anthracene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzo (b) fluoranthene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzo (k) fluoranthene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzo (ghi) perylene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzo (a) pyrene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chrysene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dibenzo (a,h) anthracene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoranthene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluorene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indeno (1,2,3-ed) pyrene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naphthalene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phenanthrene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pyrene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. **Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:**

	Known Present	Known Absent	Unknown
Acrolein	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aldrin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHC (alpha)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHC (beta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHC (delta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BHC (gamma) or lindane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Chlordane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DDT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dieldrin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endosulfan (alpha)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endosulfan (beta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endosulfan sulfate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endrin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endrin aldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heptachlor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heptachlor epoxide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isophorone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TCDD (or dioxin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxaphene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 32. Are any waste liquids or sludges generated and discharged to a source besides the sanitary sewer?

(If NO, you do not need to answer any other questions on this page. Click 'Next')

Yes No

33. Does the facility generate hazardous waste?

- Yes - Conditionally Exempt Small Quantity Generator (CESQG)
- Yes - Small Quantity Generator (SQG)
- Yes - Large Quantity Generator (LQG)
- No
- Unsure

34. Indicate the volume of waste disposed of each day and the disposal method for the following types of waste:

	Waste Volume (gal/day)	Waste Disposal Method
Acids and Alkalis	_____	_____
Dyes and Inks	_____	_____
Heavy Metal Sludges	_____	_____
Inorganic Compounds	_____	_____
Oil and Grease	_____	_____
Extra Product	_____	_____
Paints	_____	_____
Pesticides	_____	_____
Petroleum	_____	_____
Sludge	_____	_____
Solvents and Thinners	_____	_____
Used Degreasing Solvent	_____	_____
Other	_____	_____

35. Is waste separated into storage drums?

Yes No

36. Are waste storage drums labeled?

Yes No N/A

37. Are waste storage drums placed outside the facility?

Yes No N/A

38. **Are waste storage drums covered?**

- Yes No N/A
-

39. **Are waste storage drums located away from storm drains?**

- Yes No N/A
-

40. **Are waste storage drums checked for leaks?**

- Yes No N/A
-

41. **Are waste storage drums placed inside secondary containment?**

- Yes No Unsure
-

42. **Does the facility have a Spill Prevention Control and Countermeasure (SPCC) Plan?**

- Yes No
-

43. **Does the facility store spill clean-up materials?**

- Yes No
-

44. **Does the facility use a waste disposal contractor?**

- No
 Yes. Contractor name and phone number:

* 45. Please read the following statement carefully.

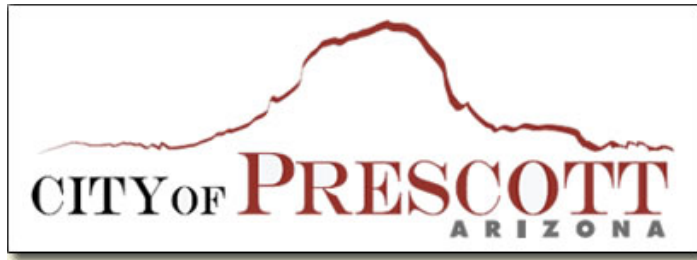
By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. 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 penalties for submitting false information.

Name: _____

Date: _____

A-2 Other Industrial Users Survey



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX _____

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

- * 12. Provide a brief description of the facility. Include information on the products manufactured and/or the industrial activities conducted:

13. If applicable, provide the Standard Industrial Classification (SIC) code(s) for the facility:

- * 14. Does the facility discharge wastewater from any source besides the restrooms?

Yes No

- * 15. Is the facility subject to Federal Categorical Pretreatment Standards AND/OR does the facility discharge an average of 25,000 gallons per day or more of wastewater to the sewer system (excluding sanitary wastewater)?

Yes
 No
 Unsure

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 16. Provide information on the product(s) manufactured and/or activities conducted at the facility:

(Check all that apply)

- Adhesives
 - Aluminum Forming
 - Batteries
 - Coal Mining
 - Coil Coating
 - Copper Forming
 - Electric & Electrical Components
 - Electroplating
 - Explosives
 - Foundries
 - Inorganic Chemicals
 - Iron & Steel
 - Leather Tanning & Finishing
 - Mechanical Products
 - Metal Finishing
 - Non-ferrous Metals
 - Organic Chemicals
 - Paint & Ink
 - Pesticides
 - Pharmaceuticals & Nutraceuticals
 - Photographic Supplies
 - Rubber
 - Soaps & Detergents
 - Textile Mills
 - Timber
 - None of the Above
 - Other (please describe below):
-

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered"

17. Indicate the average water usage at the facility:

	Water Usage (gal/month)	Estimated or Measured (E or M)	Method of Estimation or Measurement
Average Monthly Usage	_____	_____	_____

* 18. Does the facility have pretreatment equipment?

- Unsure
- No
- Yes - grease trap
- Yes - grease interceptor
- Yes - other (please describe below):

19. Provide the following details on pretreatment equipment (if applicable):

Number of units: _____

Size(s) (in gallons): _____

Location(s): _____

How often is the unit(s) serviced (i.e., pumped out/cleaned)? _____

What company services the unit(s)? _____

Does management observe servicing of the unit(s)? _____

Does servicing entail complete cleaning of the unit(s), not just removing the grease layer? _____

Is the unit(s) refilled with clean water? _____

Is there a maintenance log available for the unit(s)? _____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

20. Provide the mode for wastewater discharges at the facility:

- Continuous
- Batch (i.e., Intermittent)
- Both Continuous and Batch

21. Continuous Discharge. Provide details on the continuous wastewater discharge (if applicable):

Hours per Day _____

Days per Week _____

22. Batch Discharge. Provide details on the batch wastewater discharge (if applicable):

	Process	Hours	Volume (gallons)	Rate (gallons per minutes)
Monday	—	—	—	—
Tuesday	—	—	—	—
Wednesday	—	—	—	—
Thursday	—	—	—	—
Friday	—	—	—	—
Saturday	—	—	—	—
Sunday	—	—	—	—

23. Volume. Provide the volume of water per day discharged to the following sources:

	Volume (gallons/day)	Estimated or Measured (E or M)	Method of Estimation or Measurement
Sanitary Sewer	_____	_____	_____
Storm Sewer	_____	_____	_____
Surface Water	_____	_____	_____
Groundwater	_____	_____	_____
Evaporation	_____	_____	_____
Waste Hauler	_____	_____	_____
Other	_____	_____	_____

* 24. Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:

	Known Present	Known Absent	Unknown
Metals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polychlorinated Biphenyls (P CBs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volatile Organic Compounds (VOCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Semi-volatile Organic Compounds (SVOCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adhesives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pesticides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. For the pollutants marked as "Known Present" in the above question, provide more detail if possible (i.e., analyte/chemical name, concentration):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 26. Does the facility generate hazardous waste?

- Yes - Conditionally Exempt Small Quantity Generator (CESQG)
- Yes - Small Quantity Generator (SQG)
- Yes - Large Quantity Generator (LQG)
- No
- Unsure

* 27. Are any waste liquids or sludges generated and discharged to a source besides the sanitary sewer?

(If NO, you do not need to answer any other questions on this page. Click 'Next')

- Yes No

28. Indicate the volume of waste per day and disposal method for the following types of waste:

	Waste Volume (gal/day)	Waste Disposal Method
Acids and Alkalis	_____	_____
Dyes and Inks	_____	_____
Heavy Metal Sludges	_____	_____
Inorganic Compounds	_____	_____
Oil and Grease	_____	_____
Extra Product	_____	_____
Paints	_____	_____
Pesticides	_____	_____
Petroleum	_____	_____
Sludge	_____	_____
Solvents and Thinners	_____	_____
Used Degreasing Solvent	_____	_____
Other	_____	_____

29. Is waste separated into storage drums?

- Yes No

30. Are waste storage drums labeled?

- Yes No N/A

31. Are waste storage drums placed outside the facility?

- Yes No N/A

32. **Are waste storage drums covered?**

- Yes No N/A
-

33. **Are waste storage drums located away from storm drains?**

- Yes No N/A
-

34. **Are waste storage drums checked for leaks?**

- Yes No N/A
-

35. **Are waste storage drums placed inside secondary containment?**

- Yes No Unsure
-

36. **Does the facility have a Spill Prevention Control and Countermeasure (SPCC) Plan?**

- Yes No
-

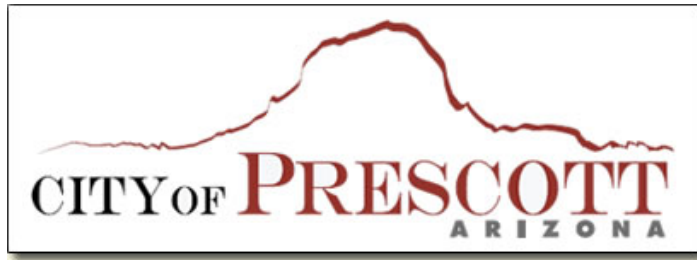
37. **Does the facility store spill clean-up materials?**

- Yes No
-

38. **Does the facility use a waste disposal contractor?**

- No
 Yes. Contractor name and phone number:

A-3 Vehicle Service Facilities Survey



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX _____

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 12. Indicate the type(s) of services offered at the facility:

(Check all that apply)

- Air Conditioning Repair
- Battery Sales/Repair
- Body Filling
- Brazing
- Brake Repair
- Engine Cleaning/Repair
- Fiber Glassing
- Filter Change
- Fluid Change
- Fuel Dispensing
- Fueling
- Grinding
- Machining
- Paint Stripping
- Painting
- Parts Cleaning
- Radiator Repair
- Sanding
- Tire Sales/Repair
- Transmission Repair
- Engine Tune-up
- Vehicle Washing
- Welding
- Other (please specify)

13. How many service bays are at the facility?

14. Approximately how many vehicles are serviced each day?

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

15. Indicate the type of fixtures at the facility and whether they are plumbed to an interceptor (i.e., grease, solids):

	Number	Plumbed to Interceptor? (Y/N)
Trench Drain	_____	_____
Service Sink	_____	_____
Mop Sink	_____	_____
Floor Drain	_____	_____
Sump	_____	_____
Other	_____	_____

16. Indicate the number of interceptors and associated sizes at the facility (if applicable):

	Number of Units	Size(s) (in gallons)
Grease/Oil Interceptor	_____	_____
Solids Interceptor	_____	_____
Sand/Oil Interceptor	_____	_____
Oil/Water Separator	_____	_____
Other	_____	_____

17. How often are the interceptor(s) cleaned/pumped out (if applicable)?

- Daily
- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Varies

18. Provide the following details on interceptors (if applicable):

What company services the unit(s)? _____

Does management observe servicing of the unit(s)? _____

Does servicing entail complete cleaning of the unit(s), not just removing the grease layer? _____

Is the unit(s) refilled with clean water? _____

Is there a maintenance log available for the unit(s)? _____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

19. Indicate the volume of waste per day and disposal method for the following types of waste:

	Waste Volume (gal/day)	Waste Disposal Method
Acids	_____	_____
Used Oil	_____	_____
Used Antifreeze	_____	_____
Used Brake Fluid	_____	_____
Used Transmission Fluid	_____	_____
Used Degreasing Solvent	_____	_____
Radiator Flush Water	_____	_____
Vehicle Wash Water	_____	_____
Gasoline or Diesel Fuel	_____	_____
Grease	_____	_____
Other	_____	_____

* 20. Is waste separated into storage drums?

- Yes
- No
- N/A

* 21. Are waste storage drums labeled?

- Yes
- No
- N/A

* 22. Are waste storage drums placed outside the facility?

- Yes
- No
- N/A

* 23. Are waste storage drums covered?

- Yes
- No
- N/A

* 24. Are waste storage drums located away from storm drains?

- Yes
- No
- N/A

* 25. **Are waste storage drums checked for leaks?**

- Yes
- No
- N/A

* 26. **Are waste storage drums placed inside secondary containment?**

- Yes
- No
- Unsure

* 27. **Does the facility have a Spill Prevention Control and Countermeasure (SPCC) Plan?**

- Yes
- No
- Unsure

* 28. **Does the facility store spill clean-up materials?**

- Yes
- No
- N/A

* 29. **Does the facility use a waste disposal contractor?**

- No
- Yes. Contractor name and phone number:

* 30. **Please read the following statement carefully.**

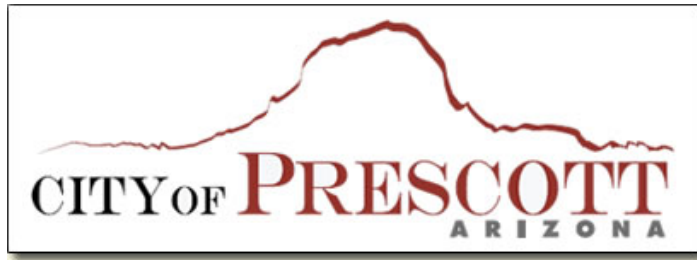
By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. 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 penalties for submitting false information.

Name: _____

Date: _____

A-4 Food Service Facilities Survey



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX _____

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 12. Indicate the type of facility:

(Check all that apply)

- Restaurant
- Educational Facility
- Church
- Food Processing (i.e., Butcher)
- Grocery Store
- Deli
- Coffee Shop or Bakery
- Other (please specify)

* 13. Is there a kitchen at the facility?

(If NO, you do not need to answer any more questions on this page. Click 'Next')

- Yes No

14. Indicate the hours the facility is open and the typical number of meals served:

	Hours of Operation	Typical Number of Meals Served
Monday	—	—
Tuesday	—	—
Wednesday	—	—
Thursday	—	—
Friday	—	—
Saturday	—	—
Sunday	—	—

15. Indicate which fixtures are in the kitchen and if they are plumbed to a grease trap or interceptor:

	Number in Kitchen	Plumbed to grease trap or interceptor? (Y/N)
Dishwasher	—	—
Pot sinks	—	—
Multi-compartment sink	—	—
Mop sink	—	—
Floor drain	—	—
Food steamer	—	—
Food grinder/pulper	—	—

Steam kettle

—

—

Can washer

—

—

16. **Have you observed any problems in the kitchen, such as a slow-running drain or an overflow?**

No

Yes. Please Describe:

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 17. Does the facility have pretreatment equipment?

- No
- Unsure
- Yes - grease trap
- Yes - grease interceptor
- Yes - other (please describe below):

18. Provide the following details on pretreatment equipment (if applicable):

- Number of units: _____
- Size(s) (in gallons): _____
- Location(s): _____
- How often is the unit(s) serviced (i.e., pumped out/cleaned)? _____
- What company services the unit(s)? _____
- Does management observe servicing of the unit(s)? _____
- Does servicing entail complete cleaning of the unit(s), not just removing the grease layer? _____
- Is the unit(s) refilled with clean water? _____
- Is there a maintenance log available for the unit(s)? _____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 19. Does the facility collect used fat, oil, or grease in storage bins?

- Yes
 - No
-

* 20. Are storage bins placed outside?

- Yes
 - No
 - N/A
-

* 21. Are storage bins kept covered?

- Yes
 - No
 - N/A
-

* 22. Are storage bins located away from storm drains?

- Yes
 - No
 - N/A
-

* 23. Are storage bins checked for leaks?

- Yes
 - No
 - N/A
-

* 24. **Please read the following statement carefully.**

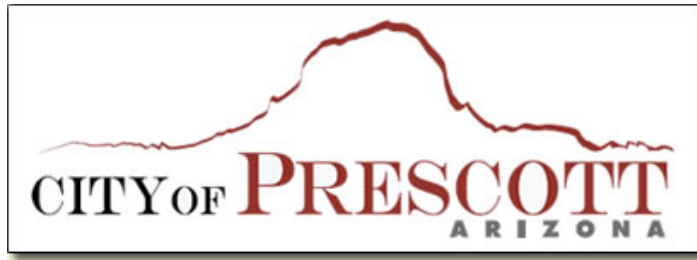
By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. 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 penalties for submitting false information.

Name: _____

Date: _____

A-5 Medical Facilities Survey



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 12. Indicate the type of facility:

(Check all that apply)

- Hospital
- Urgent Care
- Medical Office
- Dental Office
- Long-Term Care
- Laboratory
- Veterinary Clinic
- Animal Hospital
- Other (please describe below):

13. Does the facility conduct medical imaging?

- Yes No

14. How does the facility dispose of the following medical wastes:

- Sharps (i.e., needles, glass) _____
- Medications _____
- Expired Medications _____
- Liquid Biohazards (i.e., blood) _____
- Radioactive Material _____
- Other _____

15. Does the facility have a medical waste disposal contractor?

- No
- Yes. Contractor name and phone number:

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

16. Is there laundry service at the facility?

Yes No

* 17. Is there a kitchen at the facility?

(If NO, you do not need to answer any more questions on this page. Click 'Next')

Yes No

18. Indicate the hours the facility is open and the typical number of meals served:

	Hours of Operation	Typical Number of Meals Served
Monday	—	—
Tuesday	—	—
Wednesday	—	—
Thursday	—	—
Friday	—	—
Saturday	—	—
Sunday	—	—

19. Indicate which fixtures are in the kitchen and if they are plumbed to a grease trap or interceptor:

	Number in Kitchen	Plumbed to grease trap or interceptor? (Y/N)
Dishwasher	—	—
Pot sinks	—	—
Multi-compartment sink	—	—
Mop sink	—	—
Floor drain	—	—
Food steamer	—	—
Food grinder/pulper	—	—
Steam kettle	—	—
Can washer	—	—

20. Have you observed any problems in the kitchen, such as a slow-running drain or an overflow?

No

Yes. Please Describe:

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 21. Does the facility have pretreatment equipment?

- No
- Unsure
- Yes - grease trap
- Yes - grease interceptor
- Yes - other (please describe below):

22. Provide the following details on pretreatment equipment (if applicable):

- Number of units: _____
- Size(s) (in gallons): _____
- Location(s): _____
- How often is the unit(s) serviced (i.e., pumped out/cleaned)? _____
- What company services the unit(s)? _____
- Does management observe servicing of the unit(s)? _____
- Does servicing entail complete cleaning of the unit(s), not just removing the grease layer? _____
- Is the unit(s) refilled with clean water? _____
- Is there a maintenance log available for the unit(s)? _____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 23. Does the facility collect medical waste, used fat, oil, or grease in storage bins?

(If NO, you do not need to answer any more questions on this page. Click 'Next')

Yes No

24. Are storage bins placed outside?

Yes No

25. Are storage bins kept covered?

Yes No

26. Are storage bins located away from storm drains?

Yes No

27. Are storage bins checked for leaks?

Yes No

* 28. Please read the following statement carefully.

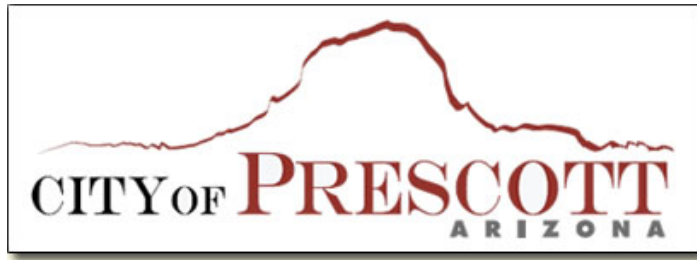
By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. 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 penalties for submitting false information.

Name: _____

Date: _____

A-6 Dental Facilities Survey



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 12. Indicate the type of facility:

(Check all that apply)

- Hospital
- Urgent Care
- Medical Office
- Dental Office
- Long-Term Care
- Laboratory
- Veterinary Clinic
- Animal Hospital
- Other (please describe below):

13. Does the facility conduct medical imaging?

- Yes No

14. How does the facility dispose of the following medical wastes:

- Sharps (i.e., needles, glass) _____
- Medications _____
- Expired Medications _____
- Liquid Biohazards (i.e., blood) _____
- Radioactive Material _____
- Other _____

15. Does the facility have a medical waste disposal contractor?

- No
- Yes. Contractor name and phone number:

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

16. Provide the number of operating days per year:

Average _____
 Maximum _____

17. Provide the total number of employees at the facility per day:

Average _____
 Maximum _____

18. Provide the number of patients at the facility per day:

Average _____
 Maximum _____

19. Provide the following information:

Number of restorative chairs _____
 Number of hygiene-only chairs _____
 Number of cuspidors _____
 Type of vacuum pump _____
 Vacuum pump manufacturer _____
 Vacuum pump make and model _____
 Average number of Amalgam fillings placed each week _____
 Average number of Amalgam fillings removed each week _____

20. Provide the following information on liquid wastes:

	Means of disposal (i.e., sewer, waste contractor)	Quantity discharged (i.e., gallons, grams)	Frequency (i.e., per day, per month)
Scrap amalgam	—	—	—
Used fixer	—	—	—
Used chair-side trap	—	—	—
Used vacuum pump screen/filters	—	—	—
Chemical sterilizing solutions	—	—	—

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

21. Is there laundry service at the facility?

Yes No

* 22. Is there a kitchen at the facility?

(If NO, you do not need to answer any more questions on this page. Click 'Next')

Yes No

23. Indicate the hours the facility is open and the typical number of meals served:

	Hours of Operation	Typical Number of Meals Served
Monday	—	—
Tuesday	—	—
Wednesday	—	—
Thursday	—	—
Friday	—	—
Saturday	—	—
Sunday	—	—

24. Indicate which fixtures are in the kitchen and if they are plumbed to a grease trap or interceptor:

	Number in Kitchen	Plumbed to grease trap or interceptor? (Y/N)
Dishwasher	—	—
Pot sinks	—	—
Multi-compartment sink	—	—
Mop sink	—	—
Floor drain	—	—
Food steamer	—	—
Food grinder/pulper	—	—
Steam kettle	—	—
Can washer	—	—

25. Have you observed any problems in the kitchen, such as a slow-running drain or an overflow?

No

Yes. Please Describe:

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 26. Does the facility have pretreatment equipment?

- No
- Unsure
- Yes - grease trap
- Yes - grease interceptor
- Yes - other (please describe below):

27. Provide the following details on pretreatment equipment (if applicable):

- Number of units: _____
- Size(s) (in gallons): _____
- Location(s): _____
- How often is the unit(s) serviced (i.e., pumped out/cleaned)? _____
- What company services the unit(s)? _____
- Does management observe servicing of the unit(s)? _____
- Does servicing entail complete cleaning of the unit(s), not just removing the grease layer? _____
- Is the unit(s) refilled with clean water? _____
- Is there a maintenance log available for the unit(s)? _____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 28. Does the facility collect medical waste, used fat, oil, or grease in storage bins?

(If NO, you do not need to answer any more questions on this page. Click 'Next')

Yes No

29. Are storage bins placed outside?

Yes No

30. Are storage bins kept covered?

Yes No

31. Are storage bins located away from storm drains?

Yes No

32. Are storage bins checked for leaks?

Yes No

* 33. Please read the following statement carefully.

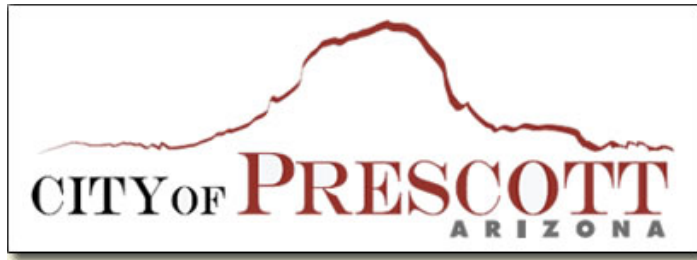
By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. 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 penalties for submitting false information.

Name: _____

Date: _____

A-7 Wastehaulers Survey



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 12. **Indicate the type of waste the facility accepts:**

(Check all that apply)

- Residential sanitary waste
- Commercial sanitary waste
- Medical facility waste
- Food service facility fats, oils, and greases
- Vehicle service facility waste
- Dry cleaning/laundry waste
- Chemical waste
- Other (please describe below):

13. **Number of loads hauled for disposal per day:**

14. **Average volume hauled for disposal per day (in gallons):**

* 15. **Where does the facility dispose of hauled waste?**

- Sundog WWTP
- Landfill
- Other (please describe below):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

16. **What criteria does the facility use to reject waste?**

- Unusual odor
- Unusual color
- High temperature
- Low/high pH
- Oxidation-reduction potential (ORP)
- None
- Other (please describe below):

17. **Are different types of waste (i.e., food service facility grease, medical waste, sanitary waste) hauled separately or mixed together?**

- Separately
- Mixed together
- Separately and mixed together

Provide percentage that is separated verse mixed:

18. **Does the facility keep records of waste hauling activities?**

- Yes
 - No
-

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

19. Provide the Vehicle Identification Number (VIN), the Arizona Department of Environmental Quality (ADEQ) permit number, and tank capacity for each vehicle that hauls waste:

	VIN	ADEQ Permit Number	Tank Capacity (gallons)
Vehicle #1	—	—	—
Vehicle #2	—	—	—
Vehicle #3	—	—	—
Vehicle #4	—	—	—
Vehicle #5	—	—	—

20. How frequently are vehicles cleaned?

- After each load
- Daily
- Weekly
- Other (please describe below):

21. What type of cleaner is used?

22. Where is vehicle washing water disposed?

- Sanitary sewer
- Storm drain
- City drying beds
- Collected and hauled off-site
- Other (please describe below):

23. Does the facility have a Spill Prevention, Control and Countermeasure (SPCC) plan?

- Yes
- No
- Unsure

24. Does the facility store spill clean-up materials?

- Yes
- No

* 25. **Please read the following statement carefully.**

By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. 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 penalties for submitting false information.

Name: _____

Date: _____