



INDUSTRIAL PRETREATMENT PROGRAM WASTEWATER DECLARATION FORM

(Please type or print)

1. Facility Name _____
2. Facility Address _____ City _____
P.O. Box _____ Zip Code _____
3. Facility Contact Person _____ Title _____
4. Telephone Number(s) _____
5. Type of Business _____
6. SIC (Standard Industrial Classification) or NAICS (North American Industry Classification System) Code _____
7. Number of Employees _____ Number of shifts _____ Operating Hours/Day _____ Operating Days/Week _____
8. Water Usage for Last 12 months _____ (Please Check Units) _____ gal _____ Cu. Ft. _____ 00 CuFt.
9. Do you have any of the following on site? (Please Check)

Non-Contact Cooling Water		Yes			No
Septic Tank		Yes			No
Any Wastewater Treatment on-site		Yes			No
If Yes, describe the processes/operations where wastewater are generated from					
Any Wastewater Discharged to the Public Sewers		Yes			No
If Yes, what are the contents of the discharged wastewater?					
Is Wastewater or any other types of Waste hauled off-site for Disposal? (Copy of manifests)		Yes			No
If Yes, what type (Hazardous/Non-hazardous of waste, who is the waste hauler, how often, how much is hauled away?)					

10. Do you use any of the following operations? (Please check. If Yes, provide quantity - gal, lbs, etc.)

Solvents		Yes				Oils		Yes			No
Paints		Yes				Metals		Yes			No
Acids		Yes				Pesticides		Yes			No
Caustics		Yes				Other		Yes			No

- 11.

Do you have secondary containment (dikes, trenches, storage controls)?		Yes			No
Do you have any floor drains in your storage or work area?		Yes			No

12. Are you required to have and/or submit any of the following regulatory documents? (Please check)

Spill Prevention Countermeasure Control Plan		Yes			No
Pollution Incident Prevention Plan		Yes			No
Contingency Plan		Yes			No
Material Safety Data Sheet		Yes			No
R Form (Toxic chemical release reporting form)		Yes			No
Treatment, Storage, and Disposal Facility Operating License		Yes			No

13. Print Name & Title of Authorized Representative _____

14. Signature of Authorized Representative & Date _____