



FRUITA COLORADO

Industrial / Commercial Wastewater Customer Questionnaire

Please mail completed form to City of Fruita, Public Works, 325 E. Aspen Ave., Fruita, CO. 81521
Or email completed form to jcarrillo@fruita.org

Business Name: _____
Facility Address: _____
Mailing Address: _____

Contact Information (Environmental Representative through at least Vice-President Level)

Representative(s) Name	Title	Phone	Email

Product / Service Information

1. Give a brief description of the operations at this facility including primary products and services:

2. Indicate all categorically regulated activities that occur at your facility.

<input type="checkbox"/> Assembly	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Plastic Molding
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Laundry / Dry Cleaning	<input type="checkbox"/> Printing
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Leather Tanning	<input type="checkbox"/> Research
<input type="checkbox"/> Chemical Manufacturing	<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Cooling Towers	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Veterinary Care
<input type="checkbox"/> Dental	<input type="checkbox"/> Medical Care	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Education	<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Office unit	<input type="checkbox"/> Wood Preserving
<input type="checkbox"/> Engraving / Coating	<input type="checkbox"/> Painting / Stripping	<input type="checkbox"/> X-Ray Processing
<input type="checkbox"/> Flammable / Explosive	<input type="checkbox"/> Photography / Process	<input type="checkbox"/> Other(Specify):
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Plant Wash-down	

3. List applicable North American Industry Classification System Codes (NAICS): _____



Waste Generation and Disposal Information

1. List the types and amounts of chemicals used in gallons per day. Indicate the method of disposal for each chemical by listing the letter that corresponds to the appropriate method listed below.

Method of Disposal (check all that apply):	
<input type="checkbox"/>	A. Discharge to City of Fruita's Sanitary Collection System without any treatment.
<input type="checkbox"/>	B. Discharge to City of Fruita's Sanitary Collection System after pretreatment.
<input type="checkbox"/>	C. Discarded with trash for disposal by solid waste.
<input type="checkbox"/>	D. On-site storage, treatment, or disposal.
<input type="checkbox"/>	E. Shipped off-site by contract hazardous waste to a waste management facility.
<input type="checkbox"/>	F. Other (Specify):

<u>Chemical(s) Used</u>	<u>Amount (gallons per day)</u>	<u>Method of Disposal</u>

2. If an outside firm is contracted to remove hazardous waste, state the name and addresses of all waste haulers and indicate the frequency of pick-up.

<u>Waste Hauler Contractor</u>	<u>Address</u>	<u>Frequency</u>

3. Please provide the amount of water (domestic) usage and wastewater discharge to the sewer system for your facility, and indicate if the amounts are estimated (E) or based on metered (M) data.

Average Water Usage (gallons/month) =		<input type="checkbox"/> E or <input type="checkbox"/> M
Average Wastewater Discharge (gallons/month) =		<input type="checkbox"/> E or <input type="checkbox"/> M
Peak Wastewater Discharge (gallons/day) =		<input type="checkbox"/> E or <input type="checkbox"/> M

4. EPA Hazardous Waste Identification Number (if applicable): _____

Certification

I hereby certify that the information found in this application is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

_____	_____
Printed Name	Signature
_____	_____
Title	Date