

**ST. VRAIN SANITATION DISTRICT
INDUSTRIAL WASTE QUESTIONNAIRE**

COMPANY NAME _____

MAILING ADDRESS _____

Street City State Zip

PLANT LOCATION _____

Street City State Zip

PLEASE FILL OUT EVERY LINE ON FORM! IF NOT PERTINENT, PLEASE PUT N/A

INDIVIDUAL RESPONSIBLE FOR PLANT OPERATION:

Name	Title	Phone Number
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INDIVIDUAL PROVIDING INFORMATION:

Name	Title	Phone Number
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TYPE OF BUSINESS: MANUFACTURING _____ SALES _____ SERVICE _____
(please check) DISTRIBUTION _____ OTHER _____

DESCRIBE YOUR BUSINESS ACTIVITY: _____

CHECK ALL ACTIVITIES OCCURRING AT YOUR PREMISES:

- | | |
|--|---|
| <input type="checkbox"/> Copper or Aluminum Forming | <input type="checkbox"/> Painting, Finishing |
| <input type="checkbox"/> Electrical Component Assembly or Manufacturing | <input type="checkbox"/> Photographic Processing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Manufacturing, Molding or Forming |
| <input type="checkbox"/> Flammables, Explosives Use | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printed Circuit Board Manufacturing |
| <input type="checkbox"/> Metal Finishing (including electroless plating, anodizing, coating, chemical etching, etc.) | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Metal Molding & Casting | <input type="checkbox"/> Rubber Processing |
| <input type="checkbox"/> Metal Products Manufacturing | <input type="checkbox"/> Smelting |
| <input type="checkbox"/> Paint or Ink Formulation | <input type="checkbox"/> Steam/Power Generation |
| <input type="checkbox"/> Vehicle Repair Shop, Garage | <input type="checkbox"/> None of listed activities |

LIST PRINCIPAL PRODUCTS OR SERVICES: _____

LIST RAW MATERIALS USED: _____

LIST PROCESSES INVOLVED: _____

STANDARD INDUSTRIAL CLASSIFICATION CODE (S) FOR MANUFACTURING AND SERVICE INDUSTRIES (Refer to Final Page of Questionnaire): _____

METHOD OF WASTEWATER DISPOSAL (check)

MUNICIPAL SEWER _____ SEPTIC TANK _____ HAUL _____

If answer is "Septic Tank", do not complete the remainder of this questionnaire.

TYPE OF WASTEWATER DISCHARGED INTO MUNICIPAL SEWER (check one or both)

DOMESTIC _____ INDUSTRIAL _____

Note: "Domestic" wastewater includes wastewater produced from the non-commercial preparation of food, or wastewater containing only human excrement and similar matter from the sanitary conveniences of dwellings and commercial, industrial or institutional buildings. All other wastewater should be considered "industrial".

DOES YOUR ACTIVITY INVOLVE THE USE OF ANY OF THE FOLLOWING:

(Place an "X" in the appropriate box)

CHEMICALS	YES	NO	NOT SURE	IF YES, PLEASE IDENTIFY	TO SEWER
INKS/DYES/PAINTS					
ACIDS					
SOLVENTS (INCL. CLEANING SOLVENTS)					
FLAMMABLES					
EXPLOSIVES					
CORROSIVES					
GREASES/OILS					
PESTICIDES					
HERBICIDES					
METALS, INORGANICS					
PCB'S & RELATED COMPOUNDS					
HALOGENATED ALIPHATICS					
ETHERS					
MONOCYCLIC AROMATICS					
PHENOLS/CRESOLS					
PHTHALATE ESTERS					
POLYCYCLIC AROMATIC HYDROCARBONS					
NITROSAMINES					
NITROGEN CONTAINING COMPOUNDS					
RADIOACTIVE ISOTOPES					

IF ANY OF THE ABOVE CONSTITUENTS ARE DISCHARGED OR PROPOSED TO BE DISCHARGED INTO THE PUBLIC SANITARY SEWER, INDICATE WITH (X) IN THE FAR RIGHT HAND COLUMN ABOVE.

DO THE CONTAINERS OF THE SOLUTIONS OR MATERIALS USED IN YOUR MANUFACTURING, CLEANING OR OTHER OPERATIONS BEAR ANY HAZARD WARNING LABELS? IF SO, PLEASE INDICATE NAME OF SOLUTION OR MATERIAL.

IS YOUR WASTEWATER TREATED BEFORE IT LEAVES YOUR FACILITY? (circle) YES NO
i.e. sediment interceptor, oil separator, etc.

IF YES, WHAT KIND OF TREATMENT?

ARE THERE ANY FLOOR DRAINS IN THE WORK AREAS? (circle) YES NO

DO YOU ANTICIPATE ANY CHANGES IN OPERATION IN THE FUTURE? (circle) YES NO
If yes, please explain.

ESTIMATE THE TOTAL WATER USAGE AT YOUR BUSINESS. (INFORMATION USUALLY AVAILABLE ON WATER BILL)

SOURCE OF INFORMATION (check one)			AVERAGE MONTHLY GALLONS	
Water Bill	Estimate	Other *	Winter	Summer

*Please explain

ATTACH A COPY OF ANY CHEMICAL ANALYSES PERFORMED ON YOUR WASTEWATER FLOWS WITHIN THE LAST THREE YEARS.

ANALYSES ATTACHED _____ NO ANALYSES ATTACHED _____

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.

I HAVE READ THE ENCLOSED INFORMATION AND BELIEVE THAT IT IS ACCURATE AND CORRECT.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

ST. VRAIN SANITATION DISTRICT WASTEWATER CLASSIFICATION SURVEY

DIRECTIONS: All industrial users of the St. Vrain Sanitation District wastewater system are required to submit a completed Wastewater Classification Survey pursuant to District Rules and Regulations. The industrial user is required to update the survey whenever significant changes are made in an industrial operation or process.

All industrial users must complete Sections A through E and Section K. If wastewater is generated from other than restrooms, cafeterias or food preparation areas, you must complete Sections F through J. The completed and signed survey is to be mailed to: Manager, St. Vrain Sanitation District, 11307 Business Park Circle Longmont, CO 80504 (303) 776-9570. Your cooperation will be greatly appreciated.

SECTION A. GENERAL INFORMATION

1. Business name of applicant: _____
2. Mailing address: _____

Street	City	Zip Code
--------	------	----------
3. Facility address (if different than mailing address)

Street	City	Zip Code
--------	------	----------
4. Person(s) to contact concerning this survey:
 Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____
5. Check One: Existing Discharge _____ Proposed Discharge: _____
 If proposed discharge, anticipated date of initial discharge: _____

SECTION B. PRODUCT/SERVICE INFORMATION

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

<input type="checkbox"/> Assembly	<input type="checkbox"/> Medical Care	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Vehicle Equip. Wash
<input type="checkbox"/> Flammables, Explosives	<input type="checkbox"/> Office Unit	<input type="checkbox"/> Warehousing
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Painting, Stripping or	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Food Service	Finishing	<input type="checkbox"/> Other (Specify
<input type="checkbox"/> Government	<input type="checkbox"/> Plant Wash Down	_____
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Printing, Photo	_____
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Repair Shop, Garage	_____
<input type="checkbox"/> Laundry	<input type="checkbox"/> Research	_____

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

3. List applicable Standard Industrial Classification (SIC) Code (s) for all processes. (If more than one applies, list in descending order of importance)

a. _____ b. _____ c. _____

4. List principle raw materials used. Attach additional sheets if necessary.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. List any catalysts or intermediates if used or produced.

_____	_____
_____	_____
_____	_____
_____	_____

6. Is a spill prevention control and countermeasure plan prepared for the facility?

Yes _____ No _____

SECTION C. PLANT OPERATION CHARACTERISTICS

1. Shift Information:

a. Shift start-end times:

1st _____ 2nd _____ 3rd _____

b. Average number of employees each shift (present/maximum future employment)

1st _____ 2nd _____ 3rd _____

c. Shift normally worked each day:

	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

2. Is operation subject to seasonal variation? Yes _____ No _____
 If yes, indicate months of peak operation: _____
3. Is there shutdown for vacation, maintenance or other reasons? Yes _____ No _____
 If yes, indicate period when shutdown occurs: _____

4. Are major processes: Batch _____ Continuous _____
 Average number of batches per work day: _____

SECTION D. WATER USE

1. Water sources: City of _____ Private Well _____
 Water District other than City of _____ (specify) _____
2. Name on the water bill: _____
3. Water service account number: _____
4. If water is supplied by landlord, give name and address:
 Name: _____
 Address: _____
 Street City State Zip
5. List approximate water consumptions in plant:
- | | | |
|----------------------|-------|-----------------|
| Boiler feed | _____ | gallons per day |
| Cooling water | _____ | gallons per day |
| Evaporation | _____ | gallons per day |
| Contained in product | _____ | gallons per day |
| Process water | _____ | gallons per day |
| Rinse water | _____ | gallons per day |
| Sanitary system | _____ | gallons per day |
| Other | _____ | gallons per day |
| (Specify) | _____ | |

SECTION E. WASTEWATER DISCHARGE

1. Is discharge to the sewer: Intermittent _____ Steady _____
2. Does the facility have a grease and/or sand trap? Yes _____ No _____
 If no, go to E-6
3. Is the grease and/or sand trap cleaned by your company _____ outside firm _____

4. Please indicate name and address of outside firm:

Name: _____

Address: _____

Street

City

State

Zip Code

5. Please indicate frequency of trap cleaning:

Once a week _____ Once a Month _____ Once a Quarter _____ Once a year _____

6. Does this facility generate any wastewater other than from rest rooms, cafeterias, or food preparation areas? Yes _____ No _____

7. Are there changes proposed which will cause generation of wastewater other than from rest rooms, cafeterias, or food preparation areas? Yes _____ No _____

If yes, please explain proposed changes and date they will become effective

SECTION F. WASTEWATER GENERATION

1. Attach a drawing of the industrial complex to scale if available, showing location of internal sewers, major drainage areas, and service connection(s) to the City sewer. Assign a number to each drainage area and list information on sewer diameter, average flow in gallons per day, industrial processes located in the area, and available sampling points, if any, for each drainage area. For reference and field orientation, please include buildings, streets, alleys and other pertinent structures.

2. Briefly describe individual industrial processes generating wastewater:
(this excludes boiler and cooling wastewaters).

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

(Attach additional sheet if necessary)

SECTION G. WASTEWATER INFORMATION

1. Please indicate gallons per day discharged from the activities listed below. Also indicate the discharge location.

<u>Type</u>	<u>Quantity (gal/day)</u>	<u>Drainage Area Reference No. (From F-1)</u>				
		1	2	3	4	Other
Sanitary	_____	—	—	—	—	_____
Process (From F-2)						
a.	_____	—	—	—	—	_____
b.	_____	—	—	—	—	_____
c.	_____	—	—	—	—	_____
d.	_____	—	—	—	—	_____
e.	_____	—	—	—	—	_____
Boiler	_____	—	—	—	—	_____
Cooling	_____	—	—	—	—	_____
Plant & equip.						
Wash down	_____	—	—	—	—	_____
Other (Specify)	_____	—	—	—	—	_____

2. For each drainage area (from F-1) indicate the constituents that are or could be present in the wastewater discharge as a result of process operations.

<u>Drainage Area Reference No.</u>					<u>Constituent</u>
1	2	3	4	Other	
—	—	—	—	—	Algicides
—	—	—	—	—	Ammonia
—	—	—	—	—	Chlorides
—	—	—	—	—	Cyanides
—	—	—	—	—	Disinfectants
—	—	—	—	—	Dissolved Metals *
—	—	—	—	—	Flammable Substances
—	—	—	—	—	Fluorides
—	—	—	—	—	High pH (caustics, etc.)
—	—	—	—	—	Hydrocarbons
—	—	—	—	—	Low pH (acids)
—	—	—	—	—	Nitrates
—	—	—	—	—	Nitrites
—	—	—	—	—	Oil or Grease (animal or vegetable)
—	—	—	—	—	Oil or Grease (petroleum or mineral)
—	—	—	—	—	Pesticides
—	—	—	—	—	PCB's
—	—	—	—	—	Phenols
—	—	—	—	—	Phosphorus
—	—	—	—	—	Radioactive Substances
—	—	—	—	—	Rubber, Latex, Plastic, Glass, etc.
—	—	—	—	—	Salt Brines
—	—	—	—	—	Shredded Garbage
—	—	—	—	—	Solvents
—	—	—	—	—	Sulfates
—	—	—	—	—	Sulfides
—	—	—	—	—	Surfactants (detergents)
—	—	—	—	—	Wastes High in Organic Content
—	—	—	—	—	Others _____

* Metals include: Arsenic, Beryllium, Cadmium, Chromium, Copper, Iron, Lead Manganese, Mercury, Nickel, Selenium, Silver and Zinc

SECTION H. WASTEWATER PRETREATMENT

1. Is any form of wastewater pretreatment (See list below) practiced at this facility?

Yes _____ No _____ If no, skip to question 2 and go to Section 1.

2. For each waste stream treated before discharge, check the appropriate boxes for types of pretreatment used at this facility.

<u>Type of Pretreatment</u>	<u>Drainage Area Reference No.</u>				
	1	2	3	4	Other
Gasoline Trap	—	—	—	—	_____
Grease Trap	—	—	—	—	_____
Sand Trap	—	—	—	—	_____
Oil Separation	—	—	—	—	_____
Solvent Recovery	—	—	—	—	_____
Silver Recovery	—	—	—	—	_____
Sedimentation	—	—	—	—	_____
Chemical Addition	—	—	—	—	_____
Neutralization/pH Adjustment	—	—	—	—	_____
Biological	—	—	—	—	_____
Filtration	—	—	—	—	_____
Reverse Osmosis	—	—	—	—	_____
Ion Exchange	—	—	—	—	_____
Equalization	—	—	—	—	_____
Other (Specify) _____					_____
_____					_____
_____					_____
_____					_____

SECTION I. EPA PRIORITY POLLUTANT INFORMATION

1. Please indicate by placing an "x" in the appropriate line by each listed chemical used in your manufacturing or service activity or generated as a byproduct whether the chemical is discharged to the municipal sewer system or is used but not discharged to the sewers. Some compounds are known by other names.

<u>Item No.</u>	<u>Chemical Compound</u>	<u>Discharged</u>	<u>Used, Not Discharged</u>	<u>Item No.</u>	<u>Chemical Compound</u>	<u>Discharged</u>	<u>Used, Not Discharged</u>
1	ammonia	_____	_____	32	b-BHC (beta)	_____	_____
2	asbestos (fibrous)	_____	_____	33	d-BHC (delta)	_____	_____
3	cyanide (total)	_____	_____	34	g-BHC (gamma)	_____	_____
4	antimony (total)	_____	_____	35	bis (2-chlorethyl) ether	_____	_____
5	arsenic (total)	_____	_____	36	bis (2-chlorethoxy) methane	_____	_____
6	beryllium (total)	_____	_____	37	bis (2-chloroisopropy) ether	_____	_____
7	cadmium (total)	_____	_____	38	bis (chloromethyl) ether	_____	_____
8	chromium (total)	_____	_____	39	bis (2-ethylhexyl) phthalate	_____	_____
9	copper (total)	_____	_____	40	bromodichloromethane	_____	_____
10	lead (total)	_____	_____	41	bromoform	_____	_____
11	mercury (total)	_____	_____	42	bromethane	_____	_____
12	Nickel (total)	_____	_____	43	4-bromophenyl phenyl ether	_____	_____
13	selenium (total)	_____	_____	44	butylbenzyl phthalate	_____	_____
14	silver (total)	_____	_____	45	carbon tetrachloride	_____	_____
15	thallium (total)	_____	_____	46	chlordane	_____	_____
16	zinc (total)	_____	_____	47	4-chloro-3-methylphenol	_____	_____
17	acenaphthene	_____	_____	48	chlorobenzene	_____	_____
18	acenaphthylene	_____	_____	49	chloroethane	_____	_____
19	acrolein	_____	_____	50	2-chloroethylvinyl ether	_____	_____
20	acrylonitrile	_____	_____	51	chloroform	_____	_____
21	aldrin	_____	_____	52	chloromethane	_____	_____
22	anthracene	_____	_____	53	2-chloronaphthalene	_____	_____
23	benzene	_____	_____	54	2-chlorophenol	_____	_____
24	benzidine	_____	_____	55	4-chlorophenyl phenyl ether	_____	_____
25	benzo (a) anthracene	_____	_____	56	chrysene	_____	_____
26	benzo (a) pyrene	_____	_____	57	4, 4' - DDD	_____	_____
27	benzo (b) fluoranthene	_____	_____	58	4,4' - DDE	_____	_____
28	benzo (g,h,i) perylene	_____	_____	59	4,4' - DOT	_____	_____
29	benzo (k) fluoranthene	_____	_____	60	dibenzo (a,h) anthracene	_____	_____
30	a-BHC (alpha)	_____	_____	61	dibromochloromethane	_____	_____
31	1, 2-dichlorobenzene	_____	_____	62	1, 3-dichlorobenzene	_____	_____

<u>Item No.</u>	<u>Chemical Compound</u>	<u>Discharged</u>	<u>Used, Not Discharged</u>	<u>Item No.</u>	<u>Chemical Compound</u>	<u>Discharged</u>	<u>Used, Not Discharged</u>
63	1,4-dichlorobenzene	_____	_____	97	hexachloroethane	_____	_____
64	3, 3'-dichlorobenzidine	_____	_____	98	indeno (1,2,3-cd) pyrene	_____	_____
65	dichlorodifluoromethane	_____	_____	99	isophorone	_____	_____
66	1,1-dichloroethane	_____	_____	100	methylene chloride	_____	_____
67	1,2-dichloroethane	_____	_____	101	naphthalene	_____	_____
68	1,1-dichloroethene	_____	_____	102	nitrobenzene	_____	_____
69	trans-1,2-dichloroethene	_____	_____	103	2-nitrophenol	_____	_____
70	2, 4-dichlorophenol	_____	_____	104	4-nitrophenol	_____	_____
71	1, 2-dichloropropane	_____	_____	105	n-nitrosodiphenylamine	_____	_____
72	(cis & trans) 1, 3-dichloropropene	_____	_____	106	n-nitrosodiphenylamine	_____	_____
73	dieldrin	_____	_____	107	n-nitrosodiphenylamine	_____	_____
74	diethyl phthalate	_____	_____	108	PCB-1016	_____	_____
75	2, 4-dimethylphenol	_____	_____	109	PBC-1221	_____	_____
75	dimethyl phthalate	_____	_____	110	PCB-1232	_____	_____
76	dimethyl phthalate	_____	_____	111	PCB-1242	_____	_____
77	di-n-butyl phthalate	_____	_____	112	PCB-1248	_____	_____
78	di-n-octyl phthalate	_____	_____	113	PCB-1254	_____	_____
79	4, 6-dinitro-2-methylphenol	_____	_____	114	PCB-1250	_____	_____
80	2, 4-dinitrophenol	_____	_____	115	pentachlorophenol	_____	_____
81	2, 4-dinitrotoluene	_____	_____	116	phenanthrene	_____	_____
82	2, 6-dinitrotoluene	_____	_____	117	phenol	_____	_____
83	1,2-diphenylhydrazine	_____	_____	118	pyrene	_____	_____
84	endosulfan I	_____	_____	119	2,3,7,8-tetrachlorodi- benzo-o-dioxin	_____	_____
85	endosulfan II	_____	_____	120	1,1,2,2-tetrachloroethane	_____	_____
86	endosulfan sulfate	_____	_____	121	tetrachloroethene	_____	_____
87	endrin	_____	_____	122	toluene	_____	_____
88	endrin aldehyde	_____	_____	123	toxaphene	_____	_____
89	ethylbenzene	_____	_____	124	1,2,4-trichlorobenzene	_____	_____
90	fluoranthene	_____	_____	125	1,1,1-trichloroethane	_____	_____
91	fluorene	_____	_____	126	1,1,2-trichloroethane	_____	_____
92	heptachlor	_____	_____	127	trichloroethene	_____	_____
93	heptachlor epoxide	_____	_____	128	trichlorofluoromethane	_____	_____
94	hexachlorobenzene	_____	_____	129	2,4,6-trichlorophenol	_____	_____
95	hexachlorobutadiene	_____	_____	130	vinyl chloride	_____	_____
96	hexachlorocyclopentadine	_____	_____				

2. List those chemical compounds indicated in the previous questions as being discharged and provide the following information. If the concentration is not known, indicate by marking "unknown".

Item No.	Chemical Compound	Annual Usage (lbs)	Discharge Concentration

SECTION J. NON-DISCHARGE WASTES

1. Are any liquid wastes or sludges generated at the facility site? Yes _____ No _____
 If no, skip the rest of Section J and go to Section K. If yes, please check the following items that best describe the waste, and quantify.

<u>Units Per Month</u>	<u>Units Per Month</u>
_____ Grease _____	Pretreatment Sludge _____
_____ Oil _____	Pesticides _____
_____ Waste Solvent _____	Radioactive Wastes _____
_____ Inks/Dyes _____	Waste Product _____
_____ Paints _____	Other _____
_____ Thinner _____	_____
_____ Acids and Alkalies _____	_____
_____ Plating Wastes _____	_____

2. Does your company remove the above-checked wastes from the facility?
 Yes _____ No _____
3. Are any of the above-checked wastes placed with trash for disposal?
 Yes _____ No _____
4. Does your company practice on-site disposal of any of the above-checked wastes?
 Yes _____ No _____
5. If an outside firm removes or disposes of any of the above-checked wastes, state the name(s) and address(es) of all waste haulers. Please indicate the wastes picked up, frequency and where disposed.

a. _____	b. _____
_____	_____
Zip _____	Zip _____
Waste picked up: _____	Waste picked up _____
_____	_____
_____	_____
Frequency pickup _____	Frequency pickup _____
Disposal location _____	Disposal location _____
_____	_____

SECTION K. CERTIFICATION

Note to Signing Official: Information and data identifying the nature and frequency of a discharge to the wastewater utility shall be available to the public. Requests for confidential treatment of information, other than discharge data, shall be made to the St. Vrain Sanitation District, Board of Directors.

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.

Name _____ Title _____

Signature _____

Date _____

**STANDARD INDUSTRIAL CLASSIFICATION CODES (SIC #)
FOR MANUFACTURING AND SERVICE INDUSTRIES**

<u>SIC #</u>	<u>INDUSTRY GROUP</u>	<u>SIC#</u>	<u>INDUSTRY GROUP</u>	<u>SIC #</u>	<u>INDUSTRY GROUP</u>
	SERVICES		MANUFACTURING (Cont'd)		MANUFACTURING (Cont'd)
491	Electric Service		Printing, Publishing, and Allied Industries		Fabricated Metal Products, Except Machinery and Transportation Equipment
491	Gas Production and Distribution				
493	Combination Electric, Gas, and Other Utility Service	27	All Categories	341	Metal Cans and Shipping Containers
721	Laundry, Cleaning, and Garment Services		Chemicals and Allied Products	342	Cutlery, Hand Tools, and General Hardware
7391	Research and Development Laboratories	281	Industrial Inorganic Chemicals	343	Heating Equipment, Except Electric and Warm air, and Plumbing Fixtures
8731	Commercial Physical Research	282	Plastics, Synthetic Rubber, Synthetic and Other Man-made Fibers, except Glass	344	Fabricated Structural Metal Products
8732	Commercial Non-Physical Research	283	Drugs	345	Screw Machine Products, and Bolts, Nuts, Screws, Rivets, and Washers
7384	Photofinishing Laboratories	284	Soap, Detergents, and Cleaning Preparations, Perfumes, Cosmetics, and Other Toilet Preparations	346	Metal Forgings and Stampings
753	Automotive Repair, Body, and Painting Shops		Paints, Varnishes, Lacquers, Enamels, and Allied Products	347	Coating, Engraving, and Allied Services
7542	Car Washes	285		348	Ordnance and Accessories, Except Vehicle and Guided Missiles
806	Hospitals	286	Industrial Organic Chemicals	349	Miscellaneous Fabricated Metal Products
807	Medical and Dental Laboratories	287	Agricultural Chemicals		Machinery, Except Electrical
	MANUFACTURING	289	Miscellaneous Chemical Products	351	Engines and Turbines
	Food and Kindred Products		Petroleum Refining and Related Industries	352	Farm and Garden Machinery and Equipment
201	Meat Products	291	Petroleum Refining	353	Construction Mining and Materials Handling Machinery and Equipment
202	Dairy Products	295	Asphalt Paving and Roofing Materials	354	Metalworking Machinery and Equipment
203	Canned and Preserved Fruits and Vegetables	299	Miscellaneous Products of Petroleum and Coal	355	Special Industry Machinery, Except Metalworking Machinery
204	Grain Mill Products		Rubber and Miscellaneous Plastics Products	356	General Industry Machinery and Equipment
205	Bakery Products	301	Tires and inner Tubes	357	Office and Computing Equipment
206	Sugar and Confectionery Products	302	Rubber and Plastics Footwear	358	Refrigeration and Service Industry Machinery
207	Fats and Oils	3052	Rubber and Plastics Hose and Belting	359	Miscellaneous Industrial and Commercial Machinery and Equipment
208	Beverages	206	Fabricated Rubber Products, not elsewhere classified		Electrical and Electronic Machinery, Equipment, and Supplies
209	Miscellaneous Food Preparation and Kindred Products	308	Miscellaneous Plastics Products	361	Electric Transmission and Distribution Equipment
	Tobacco Manufacturing		Leather and Leather Products	362	Electrical Industrial Apparatus
21	All categories	311	Leather Tanning and Finishing	363	Household Appliances
	Textile Mill Products	31	All other categories	364	Electric Lighting and Wiring Equipment
22	All categories		Stone Clay, Glass and Concrete Products	365	Household Audio and Video Equipment, and Audio Recordings
	Apparel and Other Finished Products Made From Fabrics and Similar Materials		Primary Metal Industries	366	Communication Equipment
23	All categories	331	Blast Furnaces, Steel Works, and Rolling and Finishing Mills	367	Electronic Components and Accessories
	Lumber and Wood Products, Except Furniture	332	Iron and Steel Foundries	369	Miscellaneous Electrical Machinery, Equipment, and Supplies
2491	Wood Preserving, Particleboard	333	Primary Smelting and Refining of Non-ferrous Metals		Transportation Equipment
24	All other categories	334	Secondary Smelting and Refining of Non-ferrous Metals	37	All categories
	Furniture and Fixtures	335	Rolling, Drawing, and Extruding of Non-ferrous Metals		Measuring, Analyzing, and Controlling Instruments; Photographic, Medical, and Optical Goods; Watches and Clocks
25	All categories	336	Nonferrous Foundries (Castings)	38	All categories
	Paper and Allied Products	339	Miscellaneous Primary Metal Products		
251	Pulp Mills				
262	Paper Mills, Except Building Paper Mills				
263	Paperboard Mills				
265	Paperboard Containers and Boxes				
267	Converted Paper and Paperboard Products, Except Containers and Boxes				
2679	Converted Paper and Paperboard Products, not elsewhere classified				

St. Vrain Sanitation District

Date: _____

All non-residential users of St. Vrain Sanitation District wastewater collection system are required to submit a completed wastewater questionnaire and are required to update the questionnaire whenever significant changes are made in a non-residential operation or process.

Commercial Tap Request Questionnaire:

From this questionnaire, SVSD will estimate your SFE's (single family equivalents) usage. From the information provided, St. Vrain Sanitation can determine your estimated SFEs and Plant Investment Fee/Tap Fee. St. Vrain Sanitation District has the right to review actual usage. Should the actual SFE be higher than estimated, the Owner will be responsible for an increase in the Plant Investment Fee and the associated monthly service charges.

Complete and return to: **SVSD, 11307 Business Park Circle, Longmont, CO 80504**
or FAX to: (303) 485-1968

Name: _____ Company: _____

Phone: _____ Mobile: _____ Fax No: _____

1. Location of Building (Subdivision/Legal & Street Address):

Subdivision: _____ Legal Address: Lot _____ Block _____

Street Address: _____

2. Is this property located south of Highway 52? Yes _____ No _____

3. Is your property included in St. Vrain Sanitation District? Yes _____ No _____

4. Does this building have separate rental units or condominiums with restroom facilities?

No _____ Yes _____ No. of Units _____

5. Type of Building: (Warehouse, Office, Retail, School, etc) _____

6. Square Feet: _____ 4. # of Toilets _____ 5. # of Showers _____

7. Will there be any lunch room facilities/meals served in this building? _____ No _____ Yes

8. Type of business anticipated: (Use what best describes the occupants nature of business-example: injection molding/school/church/office/motel/restaurant/truck wash/warehouse/health club, etc.)?

9. Number of employees anticipated when building is 100% occupied? (Fully occupied at future Date – Some 10 to 20 years in future.)

Full-time Office _____ Full-time Warehouse _____ Full-time Manufacturing _____
Part-time Office _____ Part-time Warehouse _____ Part-time Manufacturing _____
Outside Sales/ Delivery _____

Employee Shifts? _____ One (1 shift) _____ Two (2 shifts) _____ Three (3 shifts)

10. Will wastewater contain ANY other constituents other than domestic water?

No _____ Yes _____ If yes, please describe briefly: _____

11. Will any water be used in the manufacturing process? No _____ Yes _____

Signed: _____ Date: _____

OFFICE USE ONLY

The number of SFE's **estimated** is: _____ SFE's. Please see the attached Tap Request form for estimated Plant Investment/Tap Purchase Fee.

Signed: _____ Date: _____ Sewer Line: _____ WWQ ___ yes ___ no
St. Vrain Sanitation District