Industrial Pretreatment Program Questionnaire (Short Form)

1. Company Name_____
Mailing Address _____

Telephone _____ Fax _____ E-Mail _____

2. Production or facility information (if different than above)
Address _____
_____
Telephone _____ Fax _____ E-Mail _____

3. Name, title, and telephone number of personal authorized to represent this company in official dealings with the Industrial Pretreatment Control Authority

Name/Title _____ Telephone _____
Name/Title _____ Telephone _____
Name/Title _____ Telephone _____

4. Identify type of business or services conducted
_____
_____

5. Describe this company's manufacturing processes (if any)
_____
_____
_____
_____

6. List North American Industrial Classification System (NAICS) codes for the facility
_____ _____ _____
_____ _____ _____

7. List number of employees and shift starting times for the facility

	# of employees	Starting time	
1st Shift	_____	_____	AM/PM
2nd Shift	_____	_____	AM/PM
3rd Shift	_____	_____	AM/PM

8. Average water use (in gallons per month) Estimated [ ] Measured [ ]

9. Check all types of wastewater generated at the facility

Domestic	[ ]	Equipment/Facility Washdown	[ ]
Non-Contact Cooling Water	[ ]	Air Pollution Control Equipment	[ ]
Contact Cooling Water	[ ]	Boiler/Tower Blowdown	[ ]
Process Water	[ ]	Stormwater Runoff to Sewer	[ ]

Other (Explain) _____

10. This facility discharges to the flowing (Check all that apply)

Sanitary Sewer	[ ]	Groundwater	[ ]
Storm Sewer	[ ]	Evaporation	[ ]
Waste Haulers	[ ]	Other (Explain)	

_____ _____
Signature of Responsible Official Date

Industrial Pretreatment Program Questionnaire

Sample Cover Letter

[*Letterhead*]
[*Return Address*]

TO: All non-residential users of the **[*Enter WWF Name*]** Wastewater Facility

FROM: **[*Enter contact name*]**
Industrial Pretreatment Coordinator

SUBJECT: **Industrial Pretreatment Program Questionnaire**

Pursuant to Rule 62-625.500, Florida Administrative Code, **[*Enter name of utility*]** has developed and is implementing a local industrial wastewater pretreatment program. The purpose of this program is to identify and monitor those non-residential users whose discharged waste to the **[*Enter WWF Name*]** Wastewater Facility (WWF) may interfere with the wastewater treatment facilities or processes or which may pose a threat to the environment or to the health and safety of the public and/or employees of the utility.

The **[*Enter name of utility*]** requests your cooperation in completing the attached Industrial Pretreatment Program Questionnaire Short Form. The questionnaire is an integral component of the Industrial Pretreatment Program. After reviewing the completed form, Industrial Pretreatment Program staff may send you a more detailed questionnaire to be completed and returned and/or may schedule a site visit to determine if your facility should be regulated under the Sewer Use Ordinance **[*Enter Name of Ordinance*]**. Failure to complete and return the form may result in enforcement action under **[*Enter Ordinance reference*]**.

Please complete the attached questionnaire and return it to the above address by **[*Enter date*]**. Should you require any assistance completing the form, or if you have any questions about the questionnaire or the Industrial Pretreatment Program, please contact:

[***Enter contact name***]

[*Enter contact phone number*]

Sincerely,

Industrial Pretreatment Coordinator

Attachment