



**Garden
Spot of
Colorado**

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COLORADO
Department of Public
Health & Environment

Industrial Pretreatment Program Wastewater Classification Survey

The State of Colorado requires the Town of Berthoud Industrial Pretreatment Program to regulate industrial and commercial facilities in our service area that generate wastewater that may be significant to our Wastewater Treatment Facility. To support this requirement, the Town performs business and facility surveys and inspections to obtain information regarding facility operations and chemical usage, and to evaluate the significance of a facility's wastewater discharge to the publicly owned sewer system. This survey is a screening tool to determine if additional Town requirements are required and to add local commercial and industrial businesses to the Town's Industrial Pretreatment database. (BMC 7.16-12A)

Facility/Site Name: _____

Facility Address: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Owner Name: _____

Owner Mailing Address: _____

Phone: _____ **Email:** _____

Type of Business:

- | | |
|--------------------|----------------------------------|
| - Industrial | - Food Establishment |
| - Manufacturing | - Embalming |
| - Dental | - Powder Coating/Metal Finishing |
| - Micro-Brewery | - Auto Repair/Vehicle/Truck Wash |
| - Photo/Printing | - Other (Description Req'd) |
| - Medical Facility | _____ |

Please check all that apply: - New Business - Existing Business - Facility not yet constructed

Total number of employees (or estimated at full staffing): _____

Please describe the business/use (attach separate sheet if necessary):

Does the business use any chemicals on site? If so, please list (attach separate sheet if necessary):

Describe the process wastewater discharges that will occur at the site. This should include any discharges that are not from on-site restrooms and sinks:

Are any wastes hauled off-site: - Yes - No **If yes, please indicate the type of waste:**

- | | | |
|-----------------|----------------|------------------------------|
| - Acid/Alkalies | - Solvents | - Pharmaceutical |
| - Oil & Grease | - Paint | - Photographic wastes |
| - Medical | - Amalgam | - Radioactive |
| - X-Ray | - Laboratory | - Other (Desc. Req'd): _____ |
| - Pesticides | - Heavy Metals | _____ |

What type of operating permits does the facility currently have? (Please check all the apply):

- | | | |
|---------------------------------|-----------------------------|--------------------|
| - State/Federal Hazardous Waste | - State/Federal Air Quality | - NPDES/Stormwater |
| - Other: _____ | - None | |

Estimate the volume of water used at the facility: _____ gallons per day

Where is water used in the facility:

- | | | |
|------------|---------------------|-----------------------|
| - Process | - Boiler feed water | - Non-contact cooling |
| - Sanitary | - Irrigation | - Product |
| - None | - Other: _____ | |

Does the facility treat wastewater prior to discharge? - Yes - No **If yes, please describe:**

Does the facility have any of the following:

- | | |
|--|----------------------|
| - Sand/Oil Interceptor | - Grease Interceptor |
| - Cooling Towers | - Ph Adjustment |
| - Photo Finishing Silver Recovery Unit | - Amalgam Separator |

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. By submitting this survey, I certify that I am the owner/officer/manager of the property or that I have the authority to submit this survey on behalf of the owner.

Printed Name & Title: _____

Signature: _____ **Date:** _____