



# CITY AND COUNTY OF DENVER

Department Of Public Works

Wastewater Management Division  
Pretreatment Section  
2000 W. Third Avenue  
Denver, Colorado 80223  
Phone: 303-446-3660  
www.denvergov.org/pwpermits

**DENVER**  
THE MILE HIGH CITY

## INDUSTRIAL WASTE SURVEY

Please Print or Type

1. **Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

Business location same as above [ ]

\_\_\_\_\_ Street City State Zip

2. **Individual responsible for business:**

\_\_\_\_\_ Name Title Phone & Fax Numbers

3. **Individual providing information:**

\_\_\_\_\_ Name Title Phone & Fax Numbers

Type of business (manufacturing, sales, distribution, service): \_\_\_\_\_

Describe your business activity: \_\_\_\_\_

List types of products manufactured: \_\_\_\_\_

List processes involved: \_\_\_\_\_

4. **Do the containers of the solutions or materials used in your business bear any hazard warning labels? If yes, please indicate name of solution or material below. If any of the solutions or materials are to be discharged into the sanitary sewer, indicate with an (x) in the far right hand column.**

	YES

5. Indicate the number of floor drains in the work area: \_\_\_\_\_ Approximate location(s): \_\_\_\_\_

\_\_\_\_\_

6. 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".

7. Is your domestic wastewater separated from your industrial wastewater flow? \_\_\_\_\_

8. Are your liquid industrial wastes discharged into the sanitary sewer? \_\_\_\_\_

If no, what is the method of disposal? \_\_\_\_\_

9. Company picking up any type of wastes for disposal:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of disposal site: \_\_\_\_\_

10. Are your liquid industrial wastes pretreated? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Has your liquid industrial waste been previously analyzed? \_\_\_\_\_ If yes, please attach a copy of the analysis report. Date of analysis \_\_\_\_/\_\_\_\_/\_\_\_\_.

Has mode of operation changed since last analysis? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

12. Is your average water use equal to or greater than 25,000 gallons a day? \_\_\_\_\_

13. Are radioactive isotopes used in your process? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Location of disposal site: \_\_\_\_\_

Report submitted by: \_\_\_\_\_

Name

Date

Address

Fax & Phone Numbers

OFFICE USE ONLY

WMD APPROVAL By: \_\_\_\_\_ Date: \_\_\_\_\_