

**Pueblo West Metro District  
WASTEWATER QUESTIONNAIRE  
Rev. 01-20-2018 R.F.**

The Pueblo West Metro District greatly appreciates your interest in selecting our area as a location for your business. We ask that you please complete this questionnaire relating to Wastewater Treatment. *The Industrial Pretreatment Program is a federally mandated program in which the Pueblo West Metro District has been delegated responsibility by the U.S. E.P.A. to operate and enforce.* If not part of the Commercial Development Review process, please return the completed and signed questionnaire to George Reichert at greichert@pwmd-co.us or mail/drop off to 20 W. Palmer Lake Blvd, Pueblo West, CO. 81007. For assistance, please contact George Reichert at 719-248-0960. Thank you for your cooperation.

**A. General Information**

Address of Property \_\_\_\_\_

Property Owner(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant / Representative \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact or Representative \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

1. Place a check next to all applicable activities at the premises listed above:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Auto Repair Shop, Garage | <input type="checkbox"/> Laboratory               | <input type="checkbox"/> Printing          |
| <input type="checkbox"/> Auto Shampoo & Wax       | <input type="checkbox"/> Landscape/Nursery        | <input type="checkbox"/> Rubber Processing |
| <input type="checkbox"/> Cannabis Cultivation     | <input type="checkbox"/> Laundry, Cleaning        | <input type="checkbox"/> Restaurant / Food |
| <input type="checkbox"/> Cannabis Dispensary      | <input type="checkbox"/> Machine Shop             | <input type="checkbox"/> Preparation       |
| <input type="checkbox"/> Cannabinoid Extraction   | <input type="checkbox"/> Medical Care             | <input type="checkbox"/> Ultrasonic Bath   |
| <input type="checkbox"/> Cannabinoid Oils in Food | <input type="checkbox"/> Inorganic Chemicals      | <input type="checkbox"/> X-Ray Equipment   |
| <input type="checkbox"/> Production               | <input type="checkbox"/> Painting, Finishing      | <input type="checkbox"/> Other (specify)   |
| <input type="checkbox"/> Dental Cuspidor          | <input type="checkbox"/> Paint or Ink Formulation | _____                                      |
| <input type="checkbox"/> Embalming                | <input type="checkbox"/> Coating                  |  |
| <input type="checkbox"/> Electroplating           | <input type="checkbox"/> Photographic Processing  |  |
| <input type="checkbox"/> Flammables, Explosives   | <input type="checkbox"/> Plastic Processing       |  |

Please provide a brief description of operations at the facility:

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List basic materials used in your product/operations:

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**B. Sewer Use**

- 1. Is your daily water usage greater than 25,000 gallons per day? Yes [ ] No [ ]
- 2. Will this facility generate any wastewater other than from restrooms, cafeterias, or kitchen areas? Yes [ ] No [ ]
- 3. Are there proposed changes to you facility or operations which will cause generation of wastewater other than from restrooms, cafeterias, or kitchen areas? Yes [ ] No [ ]
- 4. Will any liquid wastes or sludge be generated at the facility site? Yes [ ] No [ ]
- 5. If this is a food service establishment, what is the location of your grease trap(s)?

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6. How often is the grease removed from the grease trap(s) at this facility?

Weekly [ ] Monthly [ ] Bi-Monthly [ ] Quarterly [ ] Other [ ]

If other, please explain \_\_\_\_\_

7. Does your company remove the grease from your facility? Yes [ ] No [ ]  
If yes, to where? \_\_\_\_\_

8. Does another company remove the grease from your facility? Yes [ ] No [ ]  
If yes, Name, Address, Telephone number of company \_\_\_\_\_

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9. Please check the following items that best describe the waste and quantity that will be discharged from your facility. **Please include an estimated amount/units per month:**

_____ Grease _____	_____ Plating Wastes _____	_____ Waste Solvents _____
_____ Oil _____	_____ Pretreatment Sludge _____	_____ Other _____
_____ Acids & Alkalies _____	_____ Pesticides _____	_____ _____
_____ Inks / Dyes _____	_____ Radioactive Wastes _____	_____ _____
_____ Paints/Thinner _____	_____ Waste Products _____	

10. Does your business seek to discharge these checked wastes to the Pueblo West Metro Districts Wastewater Collection System? Yes [ ] No [ ]
11. Does your company practice on site disposal of any wastes? Yes [ ] No [ ] (Specify) \_\_\_\_\_
12. Does your company remove any wastes from the facility other than regular trash? Yes [ ] No [ ] If yes, what and to where? \_\_\_\_\_
13. Does another company remove any wastes from the facility? Yes [ ] No [ ] If yes, Name, Address, Telephone number of company \_\_\_\_\_
14. Have you had any laboratory tests conducted of your discharge? Yes [ ] No [ ]  
If yes, please attach most recent data. Indicate any anticipated changes in the discharge quality. \_\_\_\_\_

**Certification**

The undersigned is a high managerial agent for the applicant hereto with respect to the fulfillment of all requirements in connection with wastewater discharge from the facility. Any wastewater that contains constituents listed in the Rules and Regulation, Article 4 (4.3.2) may require a special permit from the District and EPA Region 8.

I hereby certify, under penalty of law, that this document and all of its attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. The information 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 such violations.

_____	_____
Name (Owner/Manager/Dually Authorized Representative)	Title
Signature _____	_____